

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N02860**

1. Corporation Name

CENTRAL FLORIDA PONTIAC DEALERS ASSOCIATION, INC.

Principal Place of Business

**1010 W. COLONIAL DRIVE
ORLANDO, FL 32804**

Mailing Address

**P.O. BOX 3269
ORLANDO, FL 32802**

FILED

97 JUN 10 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 85-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

5/2/84

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-237-5305

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PRES.	D. KIM HACKETT	650 NORTH HIGHWAY 17-92	LONGWOOD, FL 32750
TREAS.	HAL B. McNAMARA	1010 WEST COLONIAL DRIVE	ORLANDO, FL 32804

200002209452-6
-06/11/97--01121--001
*****\$80.00 ***\$971.25**

8. Name and Address of Current Registered Agent

**HAL B. McNAMARA
1010 WEST COLONIAL DRIVE
ORLANDO, FL 32804**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Hal B. McNamara
REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Hal B. McNamara
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hal B McNamara

6-4-97

Date

407-8490610

Daytime Phone #

CITE:010 (12/96)