

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N05000009699

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA AUTOMOBILE DEALERS CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

400 NORTH MERIDIAN STREET  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

400 NORTH MERIDIAN STREET  
TALLAHASSEE, FL 32301

**New Mailing Address:**

**FEI Number:** 20-1636810

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, THEODORE L  
400 NORTH MERIDIAN STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** THEODORE L. SMITH

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** V  
**Name:** MORGAN, LARRY  
**Address:** 1101 E FLETCHER AVE  
**City-St-Zip:** TAMPA, FL 33612

**Title:** PC  
**Name:** CASTRIOTA, THOMAS  
**Address:** 12930 US HWY19  
**City-St-Zip:** HUDSON, FL 34667

**Title:** P  
**Name:** SMITH, THEODORE L  
**Address:** 400 NORTH MERIDIAN STREET  
**City-St-Zip:** TALLAHASSEE, FL 32301

**Title:** C  
**Name:** HODGES, DAVID  
**Address:** P.O. BOX 382050  
**City-St-Zip:** JACKSONVILLE, FL 322382050

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** THEODORE L. SMITH

P

04/10/2012

Electronic Signature of Signing Officer or Director

Date