

# APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC 18 AM 10:53

DOCUMENT # **N99000006839**

1. Corporation Name

**TORO'S M/C OF DAYTONA BEACH, INC.**

Principal Place of Business

Mailing Address

204 SOUTH MLK BLVD  
DAYTONA BEACH FL 32114

204 SOUTH MLK BLVD  
DAYTONA BEACH FL 32114



REINSTATEMENT **02**

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

11/18/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

☒ Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P/D	Lawrence R Washington	201 Inwood Ave	new Smyrna Bch, FL 32168
V/D	James Frazier	1143 Barbara Drive	Daytona Bch, FL 32117
N/D	Alphonso O'Beery	1941 Pedria St	Daytona, FL 32138
T/S	Phyllis Young	207 Ingham Rd	new Smyrna Bch, FL 32168
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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WASHINGTON, LAWRENCE R  
201 INWOOD AVE  
NEW SMYRNA BEACH FL 32168

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

*Lawrence R Washington*  
REGISTERED AGENT MUST SIGN

Date **6 NOV 00**

11. 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)(f), 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:

*Lawrence R Washington* **Lawrence R Washington** **6 NOV 00** **904.295.8392**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #