

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



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

01 OCT -9 PM 1:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000002812

1. Corporation Name

West Palm Hyundai, Inc.

2. Principal Office Address

2010 Ave "B"

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Riviera Beach

City & State

Zip

FL

Country

Palm Beach

Zip

33404

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1.10.00

5. FEI Number

65-0977796

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

Lawrence W. Smith, Esq.

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

701 U.S. Highway 1

Suite, Apt. #, Etc.

Suite 402

City

North Palm Beach

700004645087--3

-10/19/01--01025--006

****750.00

****750.00

700004645087--3

-10/19/01--01025--007

****8.75

****8.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0603, F.S.

Signature of
Registered Agent

[Signature]

Date

10/8/01

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	Jeanette Staluppi	2010 Ave "B"	Riviera Beach, FL 33404
VP	Charles Barker	2010 Ave "B"	Riviera Beach, FL 33404

10. 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:

[Signature] JEANETTE STALUPPI, PRES.

10/8/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (8/01)