PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 15 PM 5:51

DOCUMENT # P00000011860

1. Corporation Name

NORTH COURTENAY SHELL/BAVARIAN AUTO CENTER, INC.

Principal Place of Business	Mailing Address
1095 N COURTENAY PARKWAY MERRITT ISLAND FL 32953	1095 N COURTENAY PARKWAY MERRITT ISLAND FL 32953

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/31/2000

5. FEI Number: 59-3747768 ☐ Applied For ☐ Not Applicable

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
President	Ramon Cabrera	1095 N. Courtenay Pkwy.	Merritt Island, FL 32953

200004653622--1
-10/25/01--01068--014
****150.00 ****150.00

8. Name and Address of Current Registered Agent

CABRERA, ISMAEL
115 S MAJORIE COURT
MERRITT ISLAND FL 32952

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 937 Yorktowne Dr

Suite, Apt. #, Etc.

City: Rockledge State: FL Zip Code: 32955

CR2E040 (8/01)

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: SIGNATURE REQUIRED Date: 10/12/01

REGISTERED AGENT MUST SIGN

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)(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 REQUIRED 10/12/01 (321) 454-6861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

October 12, 2001

To Whom It May Concern:

I, Ramon Cabrera, had called your office on October 12, 2001 and spoke to one of your agents. I had explained to her that I had received a Notice of Administrative Dissolution or Revocation on October 12, 2001 but did not receive any prior notice to renew my status as a Corporation. She had told me to write a letter stating this along with a check for the original amount of $150.00 to renew. So this is what I'm doing. Your agent was very helpful and understanding. Apparently she had two addresses in her computer for my place of business. This is probably why I did not get the first two notices. Here is my address so that this will not happen again. I'm sorry for the inconvenience and can assure you that this will not happen again. I appreciate your help and understanding.

Thank you,

Ramon Cabrera
President

1095 N. Courtenay Pkwy.
Merritt Island, FL 32953
Tele: 321-454-6861
Fax: 321-454-6862