

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT



DOCUMENT # P00000013554

1. Corporation Name

LIPPMAN'S AUTOMOTIVE, INC.

Principal Place of Business

Mailing Address

3916 N. ARMENIA AVENUE
TAMPA FL 33607

3916 N. ARMENIA AVENUE
TAMPA FL 33607

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

2. New Principal Office Address, If Applicable

1105 W Waters

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1105 W Waters

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33604

Country

Zip

33604

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/2000

5. FEI Number

59-3624364

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Todd Lippman	1105 Waters Tampa, FL 33604	Tampa, FL 33604

500004716645--4
-12/10/01--01084--017
****150.00 ****150.00

8. Name and Address of Current Registered Agent

JANEZIC, JOSEPH
4815 E. BUSCH BLVD., #113
TAMPA FL 33617

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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

Date

11/6/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2062

*Lippman's Automotive, Inc.
1105 W Waters Ave
Tampa, FL 33604*

November 6, 2001

Dear Revenue Agent

Please file this form, as on time. We never received the first report or the second notice. Enclosed is a check for \$150.00. This report would of been filed on time if we would of received the report.

Sincerely,



*Todd Lippman
President*