

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000021453

1. Corporation Name

CORVETTE STORE OF ORLANDO, INC

100182818071
07/01/10--01036--017 **1058.75

REINSTATEMENT *DB-1D*

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #
8490 S USHWY 17-92

Suite, Apt. #, etc.

3. Mailing Office Address
PO BOX 180781

Suite, Apt. #, etc.

City & State
FERN PARK, FL

Zip
32730

Country
USA

City & State
CASSELBERRY, FL

Zip
32718

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **02/24/2000**

5. FEI Number
593657353

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
FREDRIKSEN, OYSTEIN

Street Address (P.O. Box Number is Not Acceptable)
8490 S USHWY 17-92

Suite, Apt. #, Etc.

City
FERN PARK

State Zip Code
FL 32730

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent *Oystein Fredriksen*
REGISTERED AGENT MUST SIGN

Date **06/23/2010**

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
P/D	FREDRIKSEN, OYSTEIN	8490 S USHWY 17-92	FERN PARK, FL 32730

10. E-mail Address: **corvettestore@hotmail.com**

(To be used for future annual report notification)

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. I further certify, 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: *Oystein Fredriksen* **OYSTEIN FREDRIKSEN** 06/23/2010 407-712-5804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7/600