

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 15 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000028599

1. Corporation Name

Lally Pontiac, Inc.

2. Principal Office Address

2878 North Orange Blossom Trail

Suite, Apt. #, etc.

City & State

Kissimmee, Florida

Zip

34744

Country

USA

3. Mailing Office Address

2878 North Orange Blossom Trail

Suite, Apt. #, etc.

City & State

Kissimmee, Florida

Zip

34744

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

3/14/2000

5. FEI Number

59-3644449

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

Jennifer S. Eden

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

390 North Orange Avenue

Suite, Apt. #, Etc.

Suite 600

City

Orlando

State  
**FL**

Zip Code

32801

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

*Jennifer S. Eden*  
REGISTERED AGENT MUST SIGN

Date **October 14, 2002**

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
D	Jasvinder Lally	2878 North Orange Blossom Trail	Kissimmee, Florida 34744
S	Anke Hill	2878 North Orange Blossom Trail	Kissimmee, Florida 34744

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:

*Jasvinder Lally*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**JASVINDER LALLY 10-14-02 4079322886**

CR2E081 (9/01)