

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P00000034521

1. Corporation Name

PIT STOP AUTO SALES, INC.

Principal Place of Business

Mailing Address

REALSIDE INDUSTRIAL PARK
6005 17TH STREET EAST, BLDG. #4
SARASOTA FL 34243

REALSIDE INDUSTRIAL PARK
6005 17TH STREET EAST, BLDG. #4
SARASOTA FL 34243

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

2. New Principal Office Address, If Applicable

2150 Whitfield Ave.

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip

34243

Country

USA

3. New Mailing Office Address, If Applicable

2150 Whitfield Avenue

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip

34243

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/05/2000

5. FEI Number

65-1013366

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
D	CARTER, WEBB	6005 17TH STREET EAST, BLDG. #44	SARASOTA FL 34243
D	Carter, Webb	2150 Whitfield Avenue	Sarasota, FL 34243
T	Yoder, Randy	2150 Whitfield Avenue	Sarasota, FL 34243
			700004705387--4 -12/05/01--01017--019 ****758.00 ****758.00

REINSTATEMENT 01/11/01

8. Name and Address of Current Registered Agent

BELLE, MICHAEL J
2364 FRUITVILLE ROAD
SARASOTA FL 34237

9. Name and Address of New Registered Agent

Name Kimberly Manson
Street Address (P.O. Box Number is Not Acceptable)
2150 Whitfield Avenue
Suite, Apt. #, Etc.
City Sarasota
State FL Zip Code 34243

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]*
REGISTERED AGENT MUST SIGN

Date 10/30/01

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]* Randy Yoder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/01 941-751-1000
Date Daytime Phone #

CFR2EQ40 (8/01)