

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUL 13 AM 10:39

DOCUMENT #

1. Corporation Name

P00000037332

PROVEN AUTOMOTIVE CONCEPTS IN MARKETING, INC.

2. Principal Office Address

1683 W. BROADWAY Suite A

Suite, Apt. #, etc.

Suite A

City & State

Orlando

Zip

32765

Country

SEMINOLE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

FL.

Zip

32765

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

4-10-2000

5. FEI Number

59-3714450

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 01-04

**7. Name and Address of Current Registered Agent**

Name

Joseph M. DeBellis II

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

144 Cherry Creek Circle

Suite, Apt. #, Etc.

City

Winter Springs

State

FL

Zip Code

32708

500039125945  
07/14/04-01043-016 \*\*F200.00

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

Date

REGISTERED AGENT MUST SIGN

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
Pres.	Joseph M. DeBellis II	144 Cherry Creek Circle	Winter Springs, FL 32708
Treasury	Nicholas C. DeBellis	636 Buckingham Drive	Orlando, FL 32765
Secretary	Anthony DeBellis	636 Buckingham Drive	Orlando, FL 32765

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:

Joseph M. DeBellis II

7-12-04

Date

407-947-3749

Daytime Phone #

CR2001 (01/04)

800-955-5111

877-488-9000

706-1080

1800-245-1089