

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 NOV 19 PM 5:16

DOCUMENT # P00000041629

1. Corporation Name

TEAM AUTOMOTIVE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

4858 N. DALE MABRY HWY.  
TAMPA FL 33614

4858 N. DALE MABRY HWY.  
TAMPA FL 33614



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/25/2000

5. FEI Number

59-3643659

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
DP-D	KANE, MICHAEL S	1764 SPLIT FORK DRIVE	OLDSMAR FL 34677
DVS	AVEDISIAN, ROBERT A	33 FRESHWATER DRIVE	PALM HARBOR FL 34684
DT P	GILLISS, JOHN P	3565 SHORELINE CIRCLE	PALM HARBOR FL 34684

000004704360--9  
-12/04/01--01060--006  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FOX, GREGORY A  
20050 U.S. 19 NORTH  
SUITE 100  
CLEARWATER FL 33761

Name John P. Gilliss  
Street Address (P.O. Box Number is Not Acceptable)  
5819 US Hwy 19  
Suite, Apt. #, Etc.  
City Newport Richiey State FL Zip Code 34652

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

REGISTERED AGENT MUST SIGN

Date

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 #