

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR 28 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000044122

1. Corporation Name

Hometown Auto Sales, Inc.

2. Principal Office Address

2746 Fowler St.

Suite, Apt. #, etc.

3. Mailing Office Address

902 SW 6th Pl

Suite, Apt. #, etc.

City & State

FT MYERS FL

Zip

33901

Country

U.S.

City & State

Cape Coral FL

Zip

33991

Country

US

REINSTATEMENT 02-03

600017199416

04/28/03--01084--019 **908.75

4. Date Incorporated or Qualified

To Do Business in Florida 5-1-2000

5. FEI Number

651012296

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

Bruce Alan Whitaker

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

902 SW 6th Place

Suite, Apt. #, Etc.

City

Cape Coral FL

State
FL

Zip Code

33991

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

Denise E Whitaker

Date

4/25/03

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.	Bruce Alan Whitaker	902 SW 6th Place	Cape Coral FL 33991
Sec.	Denise Elaine Whitaker	902 SW 6th Place	Cape Coral FL 33991

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:

Denise E Whitaker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03

Date

Daytime Phone #

(239) 226 1600

CR2E081 (10/02)

4/29