

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV -7 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000064642

1. Corporation Name

AUTO BUYING USA.COM, INC.

Principal Place of Business

Mailing Address

416 PINWOOD DRIVE
OLDSMAR FL 34677

416 PINWOOD DRIVE
OLDSMAR FL 34677



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

2. New Principal Office Address, If Applicable

26348 U.S. 19 Nw. Hwy.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

26348 U.S. 19 Nw. Hwy.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

06/30/2000

5. FEI Number

59-3655753

Applied For

Not Applicable

City & State

Clearwater, FL

City & State

Clearwater FL

Zip

33761

Country

Pinellas

Zip

33761

Country

Pinellas

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	POTTS, MICHAEL	416 PINWOOD DR	OLDSMAR FL 34677

200008590642
10/25/02-01040-018 **758.87

8. Name and Address of Current Registered Agent

DIMARCO, ROBERT F
3444 E LAKE ROAD STE 412
PALM HARBOR FL 34685

9. Name and Address of New Registered Agent

Name

Ostenberger Enterprises, Inc.

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

3780 Tampa Rd.

Suite, Apt. #, Etc.

City

Oldsmar

State

FL

Zip Code

34677

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Ostenberger Enterprises, Inc.

Date 10/22/02

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

POTTS

Date

10/22/02

Daytime Phone #