

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 OCT 18 PM 7:36

DOCUMENT # P00000105118

1. Corporation Name

INSTYLE AUTO INC.

Principal Place of Business

1609 W MCNAB RD
POMPANO BEACH FL 33069

Mailing Address

1609 W MCNAB RD
POMPANO BEACH FL 33069

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/09/2000

5. FEI Number

65-1053572

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
S/D, V/D P/V/D	David Charles Lanzi	1609 W. McNab Rd	Pompano Beach, FL 33069

8. Name and Address of Current Registered Agent

CHARLES LANZI, DAVID

9528 NW 52ND CT

CORAL SPRINGS FL 33076

1609 W. McNab Rd
Pompano Beach FL
33069

9. Name and Address of New Registered Agent

Name

DAVID LANZI

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

1609 W. McNab Rd

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33069

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

10/12/01 AD

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID Charles Lanzi

Date

10/12/01

Daytime Phone #

(954)
528-21202

CR2ED40 (8/01)

-2-

October 16, 2001

Department of State
Divisions of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Instyle Auto, Inc.

Please let this letter serve as notice that Image Auto, Inc. has never received any previous 2001 Uniform Business Report renewals.

Instyle Auto, Inc. just received an application for reinstatement; this was the only notice that was received this year.

Enclosed is a check #1418 in the amount of \$158.75. \$150.00 for the 2001 corporate renewal and \$8.75 for a Certificate of Status.

Please forward the Certificate of Status to Instyle Auto, Inc. 1609 West Mc Nab Road, Pompano Beach, FL 33069.

If there are any questions regarding this matter, please contact me directly at (954) 575-0094.

Sincerely,



DAVID LANZI
President of Instyle Auto, Inc.