## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORMUS

	٢	LEASE READ F	-	••	AND THE					
REINSTATEMENT Se					MENT OF STATE of State prporations	FILED  06 DEC 28 PM 4:51				
DOCU	IMENT	# F0100000891	19			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Robert Woodall Chevrolet, Inc.									' 0	
						000082822380				
2. Principal Office Address 3. Mailing Of						ODBECOA (46/05)				
0 1 4 1 1				arshall Farms Road			CR2E081 (12/05)			
Suite, Apt. #, etc. Suite. Apt. #, e				4. Date inco			porated or Qualified iness in Florida 12/27/2001			
City & State City & State						5. FEI Number	5. FEI Number Appli		Applied For	
Ocoee, FL			Ocoee, FL Zip Country			59-3711161			Not Applicable	
Zip 34761	L	Country USA	<sup>Zip</sup> 34761		USA	GERTIFICATE	OF STATU		tional Fee require tificate of Status	
7. Name and Address of Current Registered Agent										
:	Name Marc P. Ossinsky									
	Street Address (P.O. Box Number is Not Acceptable)  2699 Lee Road									
	Suite, Apt. #, Etc. Ste. 101									
City Winter Park				<u>)                                    </u>			State FL	Zip Code 32789		
8. I, being appointed the registered agent of the approximated corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.										
Signature of Registered Agent								12/27/2006 Date		
REGISTERED AGEN					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			
P/D	Robert M. Woodall, Jr.			1063 Riverside Drive			Denville, VA 24543			
VP	Patrick Woodall			1227 Marshall Farms Road			Ocoee, FL 34761			
s/T	Michael Woodall			1227 Marshall Farms Road			Ocoee, FL 34761			
					<del></del>	<del>(\'\_\ \</del>				
	KEIN					51A1	ĽN.	IENT.o2-	06	
									NO	

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 filling 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 contained in Chapter 119, 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:

Robert M. Woodall, Jr., P/D 12/27/06 434-766-0005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

## Drease File ASAP!



. KNT

RECEIVED

06 DEC 28 PM 12: 55

ACCOUNT NO. :

072100000032

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
JALLAHASSEE, FLORIDA
81599A

REFERENCE

689314

AUTHORIZATION

COST LIMIT :

ORDER DATE: December 28, 2006

ORDER TIME : 11:07 AM

ORDER NO. : 689314-005

CUSTOMER NO:

81599A

DOMESTIC FILINGS

NAME:

ROBERT WOODALL CHEVROLET, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - Ext# 2955

EXAMINER'S INITIALS

12/28/06