

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 13 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **P01000023720**

1. Corporation Name

**NORTHSTAR AUTOMOTIVE, INC.**

Principal Place of Business

Mailing Address

6301 PENSACOLA BOULEVARD  
PENSACOLA FL 32505

6301 PENSACOLA BOULEVARD  
PENSACOLA FL 32505



**REINSTATEMENT**

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

4. Date Incorporated or Qualified  
To Do Business in Florida

03/02/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3700561

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	CIANO, MARK	6301 PENSACOLA BOULEVARD	PENSACOLA FL 32505

600024633336  
11/13/03--01025--004 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WESTMORELAND, J. LOFTON  
220 WEST GARDEN STREET  
SUNTRUST TOWER, 9TH FLOOR  
PENSACOLA FL 32501

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*J. Lofton Westmoreland*  
REGISTERED AGENT MUST SIGN

Date **11-11-03**

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:

*Glenda E. Hood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11-1-03**  
Date

Daytime Phone #

850-  
491-2886

CR2040 (7/03)



*A Name You  
Know & Trust* 6301 Pensacola Blvd. Pensacola, FL 32505  

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*(850)494-AUTO(2886) Toll Free: 1-888-644-7067 Fax: (850)494-2805*

FLORIDA DEPARTMENT OF STATE  
GLENDA E HOOD  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

RE: NOTICE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION

PLEASE BE ADVISED THAT THIS OFFICE DID NOT RECEIVE THE  
TWO PRIOR UBR NOTICES AS OF THIS DATE. WE RESPECTFULLY  
REQUEST THAT YOU WAVE THE REINSTATEMENT FEES. PLEASE  
NOTIFY OUR OFFICE OF YOUR DECISION AT YOUR EARLIEST  
CONVENIENCE.

THANK YOU

MARK CIANO  
DIRECTOR  
NORTHSTAR AUTOMOTIVE