PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

. APPLICATION -
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

P01000034737 **DOCUMENT #**

1. Corporation Name

AUTO RENT & DRIVE, CORP.

Principal Place of Business

Mailing Address

11502 NEBRASKA AVE. **TAMPA FL 33612**

11502 NEBRASKA AVE.

TAMPA FL 33612



02 NOV 21 PH 2:54



If above addresses ar 2. New Principal Office				rmation and enter correction below. Office Address, If Applicable		noroted or Qualified		
			3. New Maining Office Address, if Applicable		4. Date incor To Do Bus	4. Date Incorporated or Qualified To Do Business in Florida 04/05/2001		
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.		5. FEI Numbe	er	1 Applied For	
City & State City		City & State	City & State		59-	364447	6 Not Applicable	
Zip	Country	Zip	Cou	ntry	6. CERTIFICAT	E OF STATUS DESIRED (\$8.75 Additional Fee require for a Certificate of Status	
7. Names and Street A	ddresses of Each Officer a	nd/or Director (F	orida nonprofit corp	orations must list a	t least 3 directors)			
Title(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
	DEZ, Y. CID VANDEZ, Y.	Cid	8109 RIVERSI 8109 K	iore dr. Nuersh	OBE DR.	TAMPA FL 33604	F1 33604290	
V RIVA	IRD Linda	J	813-12	1st ave	Egst	TAMPA, F	33612	
5/T FERN	ANDEZ JU	lith	810gRi	verstor	E Dr.	TAMPA, FI	33604-2900	
	·	1994 PROVINCE	000009149940 11/21/0201066003 **150.00				9940 03 **150.00	
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent			
FERNANDEZ, Y. CID 8109 RIVERSHORE DR. TAMPA FL 33604				Name	,			
				Street Address (P.O. Box Number is Not Acceptable)				
				Suite, Apt. #,	Suite, Apt. #, Etc.			
				City			State Zip Code	
10. I, being appointed to	he registered agent of the a	bove named corp	oration, am familiar	with and accept th	e obligations of Sec	tion 607.0505, F.S. or 6	17.0505, F.S.	
Signature of Registered Agent	1. ZZTILA	TURE	REQ	JIRED)	Date il	19/10	

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 of Registered Agent

Auto Rent & Drive, Corp. 11502 N. Nebraska Ave., Suite 107 Tampa, Florida 33612-5745 Phone (813)-631-9219

To whom It may Concern

Process please find duly efecuted your "hoto Rent and Mirelorp," regulast for relies to tement form as well as own theek \$\frac{1}{3}\to fri \$\frac{1}{50}\to \text{.}

Is was in a very serious auto alcohold on "120 | 2001 and one still unable to return to work. Many important precess of mail are missing, including serieral months of did not receive only communications from along into receiving the notice of dissolution but can conclude that it was lost along with the other missing items, after tacking with your office, I was form along with this little and the \$150 | Thank you for your assistance that it is received to the \$150 | Thank you for your assistance.

Y. Cid Fernandez President