## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE

Glenda E. Hood Secretary of State

DIVISION OF CORPORATIONS

P01000035184

1. Corporation Name

## SPEEDSTER MOTORCARS OF CENTRAL FLORIDA, INC.

Principal Place of Business

DOCUMENT #

Mailing Address

10990 49TH STREET NORTH CLEARWATER FL 33762 10990 49TH STREET NORTH CLEARWATER FL 33762 FILED

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SECRETARY OF STATE TALLAHASSEE. FLORIDA



| If above a                                      | addresses are                     | incorrect in any way, line th | rough incorrect information and enter correction below. |                  |   |  | REINSTATEMENT 13   |                             |                   |   |  |
|---|-----------------------------------|-------------------------------|---|------------------|---|--|--|-----------------------------|-------------------|---|--|
|   |                                   | Address, If Applicable        | ling Office Address, If Applicable                      |                  |   | Date Incorporated or Qualified     To Do Business in Florida |  |                             |                   |   |  |
| Suite, Apt. #, etc. Suite, Apt.                 |                                   |                               |   | F. etc.          |   |  | 5. FEI Number 59-3719307   |                             |                   | т                                       |  |
| City & State City & S                           |                                   |                               |   | & State          |   |  |  |                             |                   | Applied For<br>Not Applicable           |  |
| Zip   |                                   | Country                       | Zip   |                  | Country   | <u> </u>   | 6.<br>CERTIFICAT   | TE OF STATUS DESIRED        | \$8.75 Additi     | ional Fee required<br>ificate of Status |  |
| 7. Names  | and Street Ad                     | dresses of Each Officer and   | /or Director (Flo                                       | rida nonpro      | fit corporations  | must list at lea   | ast 3 directors)   |                             |                   |   |  |
| Title(s)  | Name of Officers and/or Directors |                               |   | 3                |   | dress of Each<br>Ind/or Director                             |  |                             |                   |   |  |
| P   | AKINS, MICHAEL                    |                               |   | 381 Harbor Passo |   |  | ide  | NEW PORT RICHEY             | EL 34854<br>Beach | ,FL                                     |  |
|   |                                   |                               |   |                  | · <del></del>   |  |  |                             |                   | 33767                                   |  |
|   |                                   |                               |   |                  |   |  |  | 0023708<br>03-0105700       | 385 <u>5</u>      |   |  |
| ٠,  | ·                                 |                               |   |                  |   |  | 10/10/   | /U3==U1U57= <del>-</del> UU | I **1.20          | .00                                     |  |
| \$  |                                   |                               |   |                  |   |  |  |                             | <u> </u>          |   |  |
|   |                                   |                               |   |                  |   |  |  | ,                           |                   |   |  |
| 8. Name and Address of Current Registered Agent |                                   |                               |   |                  |   |  | Name and Address of New Registered Agent   |                             |                   |   |  |
| AKINS.  | MICHAEL                           |                               |   | Michael Akins    |   |  |  |                             | ·                 |   |  |
| 9210 TURKEY SHOOT RD.                           |                                   |                               |   |                  | Street Address (P.O. Box Number is Not Acceptable)  3.21 Harbor Passage |  |  |                             |                   |   |  |
| NEW PORT RICHEY FL 34654                        |                                   |                               |   |                  | J • •   | te, Apt. #, Etc.   |  |                             |                   |   |  |
|   | _                                 |                               |   |                  | Ĉ   | learwo   | ater B   | each                        | State Zip Co      | 76 <del>7</del>                         |  |
| 10. I, being                                    | appointed the                     | e registered agent of the abo | ove named corpo   | oration, am t    | familiar with and   | accept the ol  | oligations of Sec  | tion 607.0505, F.S. or 61   | 7.0505, F.S.      |   |  |
| Signature o                                     |                                   |                               |   |                  | QUIF  | RED  |  | Date /                      | 0/9/0             | 23                                      |  |
|   |                                   | R                             | EGISTERED AG  | ENT MUST         | SIGN  |  |  |                             | / /               |   |  |
| 11   000#5                                      | that I am co a                    | Hinne or discontar or the     |   |                  |   |  | المحادث والمحادث والم |                             | ale alamate       | - A code a contract                     |  |

1. 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.

Date Daytime Phone



www.speedstermotorcar.com

October 9, 2003

State of Florida Department of State Divisions of Corporations P.O. Box 6327 Tallahassee, FL 32314

Attention: Payments

To Whom It May Concern:

Please except our payment to update our Corporation, Speedster Motorcars of Central Florida. We never received the first billing. We have had some new additions to our accounting department but no one has been able to locate any original mailing from you all.

The address has changed for our president Michael Akins to 321 Harbor Passage, Clearwater Beach, Florida 33767. You may want to update that part. Any and all correspondence should be mailed to 10990 49<sup>th</sup> St. North, Clearwater, Fl 33762.

If you have any questions or concerns please let me know.

Regards,

Cheryl Akins

Sales and Marketing Director

10990 49th Street North · Clearwater, FL 33762 · Phone: 727.573.7770 · Fax: 727.573.7644