### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



# FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

# DOÉUMENT # P01000045603

1. Corporation Name

#### HARVEST AUTO EMPORIUM, INC.

Principal Place of Business

Mailing Address

551 ROPER PKWY

SIGNATURE:

551 ROPER PKWY OCOEE FL 34761

REGISTERED AGENT MUST SIGN

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

04 APR 13 AH 9: 32

SECRETARY OF STATE TALLAHASSEE FLORIDA

UCOEE FL 34701			OCOEE FL 34/61						
If above a	iddresses are	incorrect in any way, line to	rough incorrect in	nformation a	and enter correction below.	DEIMS.	TATEMENT	07-04	
					ng Office Address, If Applicable		4. Date Incorporated or Qualified		
						To Do Busi	ness in Florida	/02/2001	
Suite, Apt. #, etc. Suite, A				e, Apt. #, etc.			5. FEI Number Applied For		
City & State			City & State			59-3715477 Not Applicable			
					6: S8.75 Additional Fee required				
Zip		Country	Zip		Country	CERTIFICATI	E OF STATUS DESIRED .	or a Certificate of Status	
7. Names	and Street Ad	dresses of Each Officer an	d/or Director (Flo	orida nonpro	fit corporations must list at le	ast 3 directors)			
Title(s) Name of Officers and/or Directors				Street Address of Each Officer and/or Director			City / State / Zip		
PD	MELLISSA, THOMPSON			9015 LA	KE COVERTY CT		GOTHA FL 39734		
		, and MATA	Major	1					
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						04/13	4/0401061023	**400.00	
		***					·	-	
	A Non	ne and Address of Currer	t Degistered Ag			9 Name and	Address of New Registered	Agent	
8. Name and Address of Current Registered Agent Nan						lame			
HOWE	11 DAVE								
HOWELL, DAVE 7601 AREZZO AVE					Street Address (	Street Address (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32819					Suite, Apt. #, Etc	Suite, Apt. #, Etc.			
OIIDAIDO I E 32013									
	ý				City	State Zip Code			
10. l. bein	g appointed th	ne registered agent of the a	bove named corp	oration, am	familiar with and accept the o	obligations of Sec	tion 607.0505, F.S. or 617.050	05, F.S.	
J, _011	A - LL #					<b>3</b>	,	•	
		_	11						
Signature	of	Dago	null				) (	\ a.1	

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