

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 13 AM 7:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000045911

1. Corporation Name

Yours and mine Auto Sales, Inc

2. Principal Office Address - No P.O. Box #

19254 U.S. Hwy 27 South

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

LAKE WALES, FL

City & State

Zip

33853

Country

FLK

Zip

Country

100175470261
04/13/10--01003--006 **300.00

REINSTATEMENT 09-10

4. Date Incorporated or Qualified
To Do Business in Florida

05/08/2001

5. FEI Number

65-1100740

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DONALD E. BECTOR

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

19254 Hwy 27 South

Suite, Apt. #, Etc.

City

LAKE WALES,

State

FL

Zip Code

33853

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Donald E. Bector
REGISTERED AGENT MUST SIGN

Date 04/09/2010

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.	Donald E. Bector	19254 Hwy 27 South	LAKE WALES, FL 33853
S.T.D.	Peggy A. Bector	19254 Hwy 27 South	LAKE WALES, FL 33853

10. E-mail Address: Yours and mine Hwy 27 S @ hot mail. Com

(To be used for future annual report notification)

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. I further certify 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

Donald E. Bector P.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/09/2010

Date

626-3900

Daytime Phone #