PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

	D VIET ING LIGOTIONS DELI OK	E COMPLETING THIS FORM.	
CORPORATION	FLORIDA DEPARTMENT OF STAT	FLED	
REINSTATEMENT	DIVISIONAL COMPONENTS	03 FEB 25 AM 9: 35	
DOCUMENT # PO100065212 1. Corporation Name COACH COLLECTION MOTOR CARS IN		SECRETARY OF STATE FALLAHASSFE FLORIDA	
CONCIN	COPER DYTON Y TOYOR CING S		
		700011878827 02/05/0301040002 **150	3.75
2. Principal Office Address	3. Mailing Office Address		
3535 MCCOY RD	SAME	ł	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
		4. Date Incorporated or Qualified	
City & State	City & State	To Do Business in Florida 6/28/0	
ORLANDO	FLORIDA	-5FEI Number Ap	plied For
32812 Country ORANGE	ZipCountry		t Applicable
32812 ORANGE		CERTIFICATE OF STATUS DESIRED \$8.75 Additional for a Certificate	Fee required e of Status
	7. Name and Address of Current Regi		
Name LISA	R. HUGHES		
Street Address (P.O. Box Number is	Not Acceptable)	70001102000	
Suite And # 54	MONTENEY ISLE	700011878827 02/24/0301089023 **150	i . 00
Suite, Apt. #, Etc.			. 50
City		State Zip Code	ĺ
LOMOW		FL 32779	
8. I, being appointed the registered agent of the at	pove named corporation, am familiar with and accept the	e obligations of section 607.0505 or 617.0503, F.S.	
Signature of Registered Agent	$\mathcal{U} \otimes \mathcal{U}_{\mathcal{U}} \otimes \mathcal{U}_{\mathcal{U}}$	Date 01/31/03	Š
7 7 8 9	REGISTERED AGENT MUST SIGN	Date <u>01/3//03</u>	COSEDA MANA
9. Names and Street Addresses of Each Officer at	nd/or Director (Florida nonprofit corporations must list a	Least 3 directors)	———————————————————————————————————————
Titles Name of	Street Address of E	ach	
Does 1	Since and or pile	ctor City / State / Zip	
PRES LIST R. HUAHES 199 MONTEREY		EY ISLE LONGWOOD FL3.	2719
		Santa and all the santa and a	
	ľ		
			1
10. I certify that I am an officer or director or the rece this reinstatement application, the reason for dis-	siver or trustee empowered to execute this application a	s provided for in chapter 607 or 617, F.S. I further certify that whe	n filing
owed by the corporation have been paid and the	Trames of individuals listed on this form do not avoid to	es the requirements of section 607.0401 or 617.0401, F.S., that a	il fees rdicated
on the application is the and accurate, and my	signature shall have the same legal effect as if made uni	der oath.	
SIGNATURE:	$((U)/(a_1),$	1/2./12	ł
	INTED NAME OF SIGNING OFFICER OR DIRECTOR	/3//03	f
		Date Daytime Phone #	ſ

21 2/26

COACH COLLECTION MOTOR CARS, INC. 3535 MCCOY ROAD ORLANDO, FL 32812

To Whom It May Concern,

This letter is a request for reinstatement of the above corporation. We did not receive our UBR due to our change of address. I am requesting that the late fees be waived due to this matter. We apologize for any inconvience. We appreciate your help in this matter.

Sincerely,

Lisa Hughes

President