

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -6 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900008828879
11/06/02--01066--009 **750.00



DOCUMENT # P01000072178

1. Corporation Name

NWF AUTO SALES, INC.

Principal Place of Business

6000 S GRAY RD
INDIANAPOLIS IN 46237

Mailing Address

6000 S GRAY RD
INDIANAPOLIS IN 46237

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

707 New Warrington Rd
Suite, Apt. #, etc.
Pensacola, FL
City & State

3. New Mailing Office Address, If Applicable

707 New Warrington Rd
Suite, Apt. #, etc.
Pensacola, FL
City & State

4. Date Incorporated or Qualified
To Do Business in Florida

07/20/2001

5. FEI Number

35-2145926

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
Pres.	Kevin L. Griffin	707 New Warrington Rd	Pensacola FL 32506
V. Pres	Wesley E. Jackson	6900 S. Gray Rd	Indianapolis, IN. 46237
Sec.	Teresa C. Williams	11920 Sand dollar Cir	Indianapolis, IN. 46256
Treas.	Blake A. Jackson	5600 E. Southport Rd	Indianapolis, IN. 46237
Director	Kyle E. Jackson	5954 N. College Ave.	Indianapolis, IN. 46220

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION
1200 S. PINE ISLAND RD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Barbara A. Burke

BARBARA A. BURKE

SPECIAL ASSISTANT SECRETARY

Date

11-4-02

REGISTERED AGENT MUST SIGN

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-1-02 317-783-5461