

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 30 AM 11:00

DOCUMENT # **P01000088943**

1. Corporation Name **Dealer Services of
Central Florida Inc.**

800129194218
05/13/08--01010--012 **750.00

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

54B Illiciana St

Suite, Apt. #, etc.

3. Mailing Office Address

1585 Handelman Dr

Suite, Apt. #, etc.

City & State

Orlando Florida

City & State

Orlando Florida

Zip

32804

Country

USA

Zip

32765

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2001

5. FEI Number

59-3737184

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

Victoria Plakon

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

1585 Handelman Dr.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32765

☒ 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

Victoria Plakon

Date

5-7-08

REGISTERED AGENT MUST SIGN

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
pres	Victoria Plakon	1585 Handelman Dr Orlando Florida 32765	Orlando FL 32765

10. 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 contained in Chapter 119, 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

Victoria Plakon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/08

Date

**407-760
2006**

Daytime Phone #

6/200