

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6384

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1575

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**CORPORATION REINSTATEMENT  
DEALER SERVICES OF CENTRAL FLORIDA, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	23
Estimated Charge	<del>\$750.00</del>

\$150.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<b>CORPORATION REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000088943					
1. Corporation Name Dealer Services of Central Florida, Inc.					
2. Principal Office Address - No P.O. Box # 54B West Illiana St.		3. Mailing Office Address 1585 Handelman Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Oviedo, FL		City & State Oviedo, FL			
Zip 32765	Country USA	Zip 32765	Country USA		
4. Date Incorporated or Qualified To Do Business in Florida 09/11/2001					
5. FEI Number 59-3737184				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				7. Additional Fee required Certificate of Status <input type="checkbox"/>	
7. Name and Address of Current Registered Agent					
Name Victoria Plakon-Thiel					
Street Address (P.O. Box Number is Not Acceptable) 1585 Handelman Dr.					
Suite, Apt. #, Etc.					
City Oviedo		State FL	Zip Code 32765		
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 <i>Victoria Plakon-Thiel</i>				Date 12/30/09	
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	
P	Victoria Plakon-Thiel	1585 Handelman Dr.		Oviedo, FL 32765	
10. E-mail Address: vikiteel@yahoo.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: <i>Victoria Plakon-Thiel</i>				Date 12/30/09	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

REINSTATEMENT 09  
CR2E081 (11/09)

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12/31/09