

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR -3 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 02103
P01000115180

1. Corporation Name

FraterniTY auto Sales INC.

2. Principal Office Address

3. Mailing Office Address

8610 N. Nebraska AVE

1226 Edgerton Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Valrico, FL

Zip

33604

Country

U.S.A.

Zip

33594

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

12-21-2001

5. FEI Number

71-0865792

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lawrence M. Fuchs Esq

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

590 Royal Palm Beach boulevard

Suite, Apt. #, Etc.

City

Royal Palm Beach,

State
FL

Zip Code

33411

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

Lawrence M. Fuchs
REGISTERED AGENT MUST SIGN

Date 2-24-03

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
President	Ernaud ProPHete	1226 Edgerton Dr.	Valrico, FL. 33594
Vice Pres.	ANNA R. ProPHete	1226 Edgerton Dr.	Valrico, FL. 33594
Secret	Jesula AUVENARD	3507 Seattle Slew Dr.	Wesley chapel, FL. 33544

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 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:

Ernaud ProPHete
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-03

Date

(813) 689-5988

Daytime Phone #