

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
04 MAY -5 AM 8:00

DOCUMENT # **P02000006209**

1. Corporation Name

TYLER AUTOMOTIVE GROUP, INC.

REINSTATEMENT

03-04
MRS

2. Principal Office Address

96087 LIGHTWIND DR.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

FERNANDINA BEACH, FL

City & State

SAME

Zip

32034

Country

USA

Zip

SAME

Country

SAME

200035534172

05/05/04-01/04/05-019 ***200.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

01.17.02

5. FEI Number

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

JOSEPH BRYAN THOMPSON

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

96087 LIGHTWIND DR.

Suite, Apt. #, Etc.

City

FERNANDINA BEACH FL

State
FL

Zip Code

32034

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

Date

1-7-04

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.	DAVID M. CAPPS	96087 LIGHTWIND DR.	FERNANDINA BEACH, FL 32034
VP	JOSEPH BRYAN THOMPSON	96087 LIGHTWIND DR.	FERNANDINA BEACH, FL 32034
SEC	CAROLYN CAPPS	96087 LIGHTWIND DR.	FERNANDINA BEACH, FL 32034

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.8.04

Date

904.306.0117

Daytime Phone #

CR2E081 (10/02)