

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 20 PM 1:35

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P02000022803

1. Corporation Name

MARK D'S AUTO SALES, INC.

Principal Place of Business

12901 N. FLORIDA AVENUE  
TAMPA FL 33612

Mailing Address

12901 N. FLORIDA AVENUE  
TAMPA FL 33612

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/25/2002

5. FEI Number

30-0044235

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	DINICOLA, MARK J	12901 N. FLORIDA AVENUE	TAMPA FL 33612

300024889033

11/20/03--01060--016 \*\*150.00

8. Name and Address of Current Registered Agent

DINICOLA, MARK J  
12901 N. FLORIDA AVENUE  
TAMPA FL 33612

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10-9-03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MARK J. DINICOLA

Date

10-9-03

Daytime Phone #

CR2040 (7/03)

Mark D's Auto Sales, Inc.  
12901 N. Florida Ave.  
Tampa, FL 33612  
(813) 930-2565 • Fax (813) 930-2515

To Whom it may Concern:

This recent notice that you have sent us regarding the uniform business report, is the only form or notice recieved in our office for 2003. Please waive the \$600<sup>00</sup> re-instatement fee.

We are a new corporation and would appreciate any Info regarding this matter

MARK J. DINICOLA