

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 12 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000024605**

1. Corporation Name

**I-4 AUTO INC.**

Principal Place of Business

3301 GARDENIA AVE.  
SUITE 101  
ORLANDO FL 32805

Mailing Address

3301 GARDENIA AVE.  
SUITE 101  
ORLANDO FL 32805

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

03/05/2002

5. FEI Number

75-3031617

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
P	GRIER, STEVEN L	3301 GARDENIA AVE. SUITE 101	ORLANDO FL 32805
S	GRIER, JERE L	3301 GARDENIA AVE. SUITE 101	ORLANDO FL 32805

800024579348  
11/12/03--01010--014 \*\*150.00

8. Name and Address of Current Registered Agent

GRIER, STEVEN L  
3301 GARDENIA AVE.  
ORLANDO FL 32805

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

11/06/03

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/06/03

Date

407423 3556

Daytime Phone #

CR2E040 (7/03)

# **I-4 AUTO INC.**

3301 Gardenia Street Suite 101

Orlando, FL 32805

Tel: (407) 423-4171 Fax: (407) 422-4534

November 7, 2003

Dear Sir or Madam:

In regards to the UBR Notices that were sent to me, I did not receive them. I have enclosed the reinstatement application and filing fee.

Thank you very much.

Sincerely,



Steve Grier, President