

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000034717

1. Corporation Name

Hwy 19 Auto Sales, Inc

2. Principal Office Address
15031 Hwy 19 North

Suite, Apt. #, etc.
n/a

City & State
Hudson, Florida

Zip
34667

Country
USA

3. Mailing Office Address
15031 Hwy 19 North

Suite, Apt. #, etc.
n/a

City & State
Hudson, Florida

Zip
34667

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 03/29/02

5. FEI Number
03-0419179

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Kirsten N. Deyton

Street Address (P.O. Box Number is Not Acceptable)
12665 Lacey Drive

Suite, Apt. #, Etc.
n/a

City
New Port Richey

State
FL

Zip Code
34654

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

Kirsten N. Deyton

REGISTERED AGENT MUST SIGN

Date 03/08/04

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
VP	Thomas A. Nott	3359 Bluefish Drive	Hernando Beach, FL 34607
SEC	Janice G. Nott	3359 Bluefish Drive	Hernando Beach, FL 34607

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

Kirsten N. Deyton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-8-04

Daytime Phone #

727-869-7770

FILED

04 MAR 10 PM 4:36

CALLAHAN, FLORIDA

CR2081 (01/04)

**HWY 19 AUTO SALES, INC.
15031 HWY 19 NORTH
HUDSON, FL 34667**

Phone: 727-869-7770

Fax: 727-697-1981

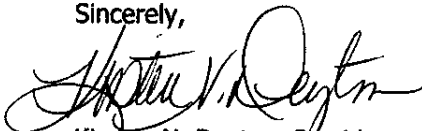
March 8, 2004

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32301-2412

Dear Division of Corporations,

Enclosed is our Corporations Reinstatement. If you should have any questions please contact Kirsten Deyton at the phone number provided above. Thanks very much.

Sincerely,



Kirsten N. Deyton, President