PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 27 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000037096

1. Corporation Name
Dixie Motors of Winter Haven, Inc

REINSTATEMENT 03

2. Principal Office Address	3. Mailing Office Address
130 Recker Hwy	P.O. Box 211
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Auburndale, Fl	City & State: Auburndale, Fl
Zip: 33823 Country: Polk	Zip: 33823 Country: Polk

4. Date Incorporated or Qualified To Do Business in Florida: April 1, 2002

5. FEI Number: 03-0445802 ✔ 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: Lorane Dickerson

000024178630
10/27/03--01118--007 **150.00

Street Address (P.O. Box Number is Not Acceptable): 130 Recker Hwy

Suite, Apt. #, Etc.:

City: Auburndale State: FL Zip Code: 33823

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 October 6, 2003

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
P	Lorane Dickerson	4415 Foxtown S	Polk City, Fl 33868
T	Brenda Stewart	590 Howard Rd	Auburndale, Fl 33823
S	Brenda Stewart	590 Howard Rd	Auburndale, Fl 33823

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: Lorane Dickerson 10-6-03 863-967-9644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Jr 11/30

130 Recker Hwy
Auburndale, Fl 33823
863-967-9644
Fax: 863-967-9624

Dixie Motors of Winter Haven, Inc

October 6, 2003

Division of Corporations
409 East Gaines St
Tallahassee, Fl 32399

Dear Sir or Madam:

This letter is in regards to the filling of my annual report. We did not receive our yearly paper work to do the filing for this year. Please reinstate our corporation. I am enclosing $150. for the reinstatement.

Sincerely,

Lorane Dickerson

Lorane Dickerson
President