

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 OCT 24 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000047969**

1. Corporation Name

GARLAND AUTOMOTIVE, INC.

REINSTATEMENT 03



300024080003
10/24/03--01019--023 **150.00

Principal Place of Business

7640 LEJEUNE DR.
PENSACOLA FL 32514

Mailing Address

7640 LEJEUNE DR.
PENSACOLA FL 32514

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

02-0599350

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	GARLAND, KENNETH M	7640 LEJEUNE DR.	PENSACOLA FL 32514

10/29

8. Name and Address of Current Registered Agent

GARLAND, KENNETH M
7640 LEJEUNE DR.
PENSACOLA FL 32514

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

Kenneth M. Garland
REGISTERED AGENT MUST SIGN

Date 10/20/03

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:

Kenneth M. Garland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/03

Daytime Phone #

CR2ED40 (7/03)

October 20, 2003

Ms. Glenda E. Hood
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Ms. Hood,

Recently, I received a notice of administrative dissolution or revocation regarding my corporation, Garland Automotive, Inc. I have been incorporated for one year and during that period, I was not aware that I was required to file a corporation annual report/uniform business report. Furthermore, I failed to receive two uniform business report notices from your office requesting that information. As requested, I am returning the completed application for reinstatement as well as a check in the amount of \$150.00.

If you require further information, you may contact me at 7640 LeJeune Dr., Pensacola, FL 32514.

Sincerely,

A handwritten signature in black ink that reads "Kenneth M. Garland". The signature is written in a cursive, flowing style.

Kenneth M. Garland
Director, Garland Automotive, Inc.