

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 18 PM 12:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000086656

1. Corporation Name

COUNTY AUTO AUCTION, INC.

Principal Place of Business

4898 HIGHWAY 17-92  
HAINES CITY FL 33844

Mailing Address

4898 HIGHWAY 17-92  
HAINES CITY FL 33844



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

08/08/2002

5. FEI Number

71-094-3900

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
D	GOMEZ, AURALIO	4898 HIGHWAY 17-92	HAINES CITY FL 33844

900024809049  
11/18/03--01065--024 \*\*158.75

8. Name and Address of Current Registered Agent

RUTA, R. STEVEN  
18 WALL STREET  
ORLANDO FL 32801

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

REGISTERED AGENT MUST SIGN

Date

11-7-03

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: Auralio Gomez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-7-03 863-956-8326

CR2E040 (7/03)

4898 U.S. Hwy 17-92  
Haines City, FL 33844  
863-956-5617

## County Auto Auction, Inc.

November 12, 2003

Florida Department Of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

Dear Sir or Madam:

This is to inform you that we did not get the first renew of the corporation for our annual file report for 2003 document # P02000086656 for County Auto Auction, Inc. Please wave the late filing fee of \$750.00. Enclosed is a check for \$158.75. Thank you very much.

Sincerely,



Auralie Gomez