

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 12 AM 8:35

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P02000097664*

1. Corporation Name

FIRST HILLSBOROUGH AUTO TAG AGENCY, INC.

REINSTATEMENT *03-07*

2. Principal Office Address
201 EAST KENNEDY BLVD.

3. Mailing Office Address
201 EAST KENNEDY BLVD.

Suite, Apt. #, etc.

1700

Suite, Apt. #, etc.

1700

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip
33602

Country
USA

Zip
33602

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida *09/06/2002*

5. FEI Number

☒ 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

Jason Strochak

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

914 North Federal Highway

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33304

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

REGISTERED AGENT MUST SIGN

Date

11/15/06

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
<i>VP</i>	Jason Strochak	201 East Kennedy Blvd.	Tampa, FL 33602
<i>Pres</i>	Ken Strochak	201 East Kennedy Blvd.	Tampa, FL 33602

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/15/06

Daytime Phone #

954 282 228