

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 DEC 10 PM 1:34

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P02000102510**

1. Corporation Name

AUTO WHOLESALERS OF SARASOTA INC

Principal Place of Business

Mailing Address

6015 15TH STREET E
 BRADENTON FL 34203

5105 W. COUNTRY CLUB DRIVE
 SARASOTA FL 34243

REINSTATEMENT 03



400025385814

12/10/03--01022--025 **150.00

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09/20/2002

City & State

City & State

5. FEI Number

Applied For

11-3654174

Not Applicable

Zip

Country

Zip

Country

34203

Manatee

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1. Pres	Ron Schutz	5105 W. Country Club Dr.	Sarasota, FL 34243
2. Sec.	Ron Schutz	" " " "	" " "
3. CEO	Ron Schutz	" " " "	" " "
4. Treas.	Ron Schutz	" " " "	" " "

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHUTZ, RONALD A
 5105 W. COUNTRY CLUB DRIVE
 SARASOTA FL 34243

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

Ronald A. Schutz
 REGISTERED AGENT MUST SIGN

Date

12-1-03

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:

Ronald A. Schutz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-1-03

Daytime Phone #

941-504-1820

CR2E040 (7/03)

Statement of Affidavit

To Whom It May Concern;

I, Ron Schutz an active officer of Auto Wholesalers of Sarasota Inc. for the years 2002 and 2003 state I never received any Incorporation renewal forms or reports to be filed from the STATE OF FLORIDA. Just recently, I received your notice of "Dissolution or Revocation" and was shocked. No filing was done because no notice was received. I am therefore remitting my reinstatement form with \$150.00 as instructed by your office. This company was formed late in 2002 and did not receive all of its permits until very late in the year. Perhaps this is the reason for not receiving the renewal forms for 2003. Be assured I will also be filing my 2004 as soon as possible.

Ron Schutz CEO