

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000121564**

1. Corporation Name

CENTURY AUTOMOTIVE GROUP, INC.

Principal Place of Business

**1 HAVENWOOD TRAIL
ORMOND BEACH FL 32174**

Mailing Address

**1 HAVENWOOD TRAIL
ORMOND BEACH FL 32174**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/03/2002

5. FEI Number

81-0579006

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
P	BEVACQUA, MICHAEL R	1 HAVENWOOD TRAIL	ORMOND BEACH FL 32174
VP	FISCHER, HENRY	42 OLD BRIDGE WAY	ORMOND BEACH FL 32174

400023802154
10/15/03--01016--002 **150.00

8. Name and Address of Current Registered Agent

**BEVACQUA, MICHAEL R
1 HAVENWOOD TRAIL
ORMOND BEACH FL 32174**

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 **10/9/2003**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael R Bevacqua

Date

10/9/2003

Daytime Phone #

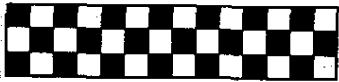
**386-
451-8731**

FILED

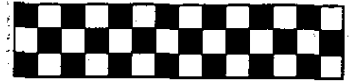
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E040 (7/03)



Century Automotive Group



Automotive Remarketing Services

125 Basin Street, Suite 210
Daytona Beach, FL 32114

Phone 386.252.4599
Fax 386.252.4350

October 9, 2003

Division of Corporations
Annual Report / Reinstatement Section
PO Box 6327
Tallahassee FL 32314

Sent via Certified Mail #: 7003 1680 0004 2350 9770

Re: Century Automotive Group Inc.

Dear Sir's.

Please find enclosed our application for reinstatement along with a check for \$150.00.
We never received the Uniform Business Report and request that the fee be waived.

Thank you for your help in this matter.

Sincerely,

Michael R. Bevacqua
President
Century Automotive Group Inc.