

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9126

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P03000013625

**1. Corporation Name**

Old Beater Auto Sales, Inc.

**2. Principal Office Address**

500 NE 8th Avenue

**3. Mailing Office Address**

500 NE 8th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, Florida

City & State

Ocala, Florida

Zip

34470

Country

USA

Zip

34470

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1/28/2003

**5. FEI Number**

None

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

Charles Ruse, Jr.

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

500 NE 8th Avenue

Suite, Apt. #, Etc.

City

Ocala, Florida

State

FL

Zip Code

34470

**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 1/12/06

**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
D	Scott L. Sumner	500 NE 8th Avenue	Ocala, Florida 34470
D	Charles Ruse, Jr.	500 NE 8th Avenue	Ocala, Florida 34470

**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

1/12/06

Date

352-351-1515

Daytime Phone #

FILED  
06 JAN 17 AM 11:15  
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (12/05)

15 272

OLD BEATER AUTO SALES, INC.  
500 NE 8<sup>TH</sup> AVENUE  
OCALA, FLORIDA 34470

January 13, 2006

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

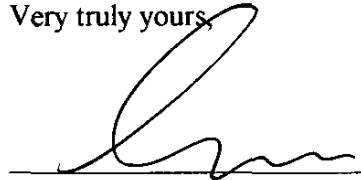
RE: Document #P03000013625  
Old Beater Auto Sales, Inc.

Dear Sirs:

I am requesting that the penalties for reinstatement be waived as the 2004 Annual Report for Old Beater Auto Sales, Inc. was never received. I am enclosing a completed Corporation Reinstatement form along with a check in the amount of \$450.00 to reinstate this corporation.

If you have any questions or need additional information, please contact me at the above address.

Very truly yours,

  
\_\_\_\_\_  
Scott Sumner

enc. Corporation Reinstatement Form  
Check # 1032