

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 23 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000090474

1. Corporation Name

C.F.L. Auto Group, INC.

13518 North Florida Avenue

2. Principal Office Address

13518 North Florida Avenue

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip

33613

Country

USA

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 08-18-03

5. FEI Number

04-3770615

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

Clouse, Christian

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

13518 North Florida Avenue

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33613

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

11-16-04

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
P	Clouse, Christian	13518 North Florida Avenue	Tampa, FL 33613

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 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

CHRISTIAN K Clouse

Date

11-16-04 (813) 629-5030

Daytime Phone #

CR2E081 (01/04)

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

November-11, 2004

Glenda Hood,

Enclosed is my completed Corporation Reinstatement application for C.F.L. Auto Group, Inc. document number P03000090474. We request that you waive the additional fees for reinstatement because we did not receive our annual report form for the year 2004. Enclosed is a check for \$150.00 which represents the Uniform Business Report fee for 2004. Your assistance in this matter is greatly appreciated.

Sincerely,



Christian Clouse