

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

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05 DEC 13 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000112669

1. Corporation Name

CENTRAL FLORIDA AUTO SALES & FINANCE, INC.

2. Principal Office Address

6407 LAUREN COURT

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

Country

32818

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

51-0486263

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

SEUDATH, ASHTON

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

6407 LAUREN COURT

Suite, Apt. #, Etc.

City

ORLANDO, FL

State

FL

Zip Code

32818

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

Ashton Seudath

Date

REGISTERED AGENT MUST SIGN

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	SEUDATH, ASHTON	6407 LAUREN COURT	ORLANDO/FL/32818
			K. Eekel DEC 14 2005

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:

Ashton Seudath

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/2005

Date

(407) 895-5933

Daytime Phone #

2/2

NOVEMBER 8, 2005

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

To Whom It May Concern,

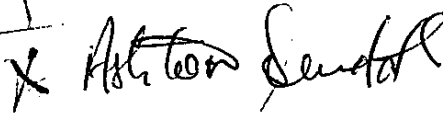
This letter is to inform you that CENTRAL FLORIDA AUTO SALES & FINANCE, INC., has relocated. The named Corporation did not receive a Annual Corporate Reports, for the year (2005). Due to these circumstances we are asking that you abate the reinstatement fees. The payment of \$150.00 is enclosed for the said years. If there are any questions you can contact me at (407) 895-5933. Document #P030001T2669.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,



Maurice Robinson



Robinson and Robinson Inc.