

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 APR 10 PM 1:59
TALLAHASSEE, FLORIDA

DOCUMENT # POM000042278

1. Corporation Name

Albert's Auto Center, Inc.

2. Principal Office Address

1210 Seminole Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Largo, FL

City & State

Zip

33770

Country

United States

Zip

Country

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

2/12/2004

5. FEI Number

20-0830444

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 J. Albert

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

1210 Seminole Blvd.

Suite, Apt. #, Etc.

City

Largo

State

FL

Zip Code

33770

8. I, being appointed the registered agent for the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date

4/5/09

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
D	Charles J. Albert	207 Poinciana Lane	Largo, FL 33770
D	Patricia Albert	207 Poinciana Lane	Largo, FL 33770

300070468963
04/14/06 01064-015 ***1050.00

8/34/11

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:

Charles Albert
President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/5/06

Daytime Phone #

727 585 9300