

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2012 APR 10 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000081377

1. Corporation Name

Advantage Auto Sales of Live Oak Inc.

2. Principal Office Address - No P.O. Box #

1400 Howard St E

Suite, Apt. #, etc.

City & State

Live Oak, FL

Zip

32064 USA

3. Mailing Office Address

1400 Howard St E

Suite, Apt. #, etc.

City & State

Live Oak, FL

Zip

32064 USA

REINSTATEMENT

CR2E081 (11/10)

11-12

4. Date Incorporated or Qualified
To Do Business in Florida

5/21/04

5. FEI Number

20-1118343

☐ 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 Samuel D. Skierski

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

1400 Howard St E.

Suite, Apt. #, Etc.

City Live Oak

State

FL

Zip Code

32064

800228302468
04/10/12--01022--026 **900.00

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 04-09-2012

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
PST	Samuel Skierski	1400 E Howard St.	Live Oak, FL 32064
VP	Jovita Skierski	1400 E Howard St.	Live Oak, FL 32064

10. E-mail Address: sam@advantaasphalt.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-09-2012

Date

Daytime Phone #