

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUN 24 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO4000104557**

1. Corporation Name

Windsor Auto Salvage Inc.

400131594274
06/23/08--01052--016 **450.00

REINSTATEMENT 06-08

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

7880 W Hwy 40

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 97482

Suite, Apt. #, etc.

City & State

Ocala FL

City & State

Raleigh NC

Zip

34482

Country

Marion

Zip

27624

Country

Wake

4. Date Incorporated or Qualified
To Do Business in Florida

5/19/2005

5. FEI Number

20-1407300

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

Daniel Carson

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

7880 W Hwy 40

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34482

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **6/20/2008**

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
Pres	Lawrence Carson	4201 White Chapel way	Raleigh NC 27615
VP	Daniel Carson	181 SW 80th Ave	Ocala FL 34482

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/20/2008

Daytime Phone #

1-352-237-6862

Please Call Lawrence Carson # 1 919 318 1178