

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

15 OCT -1 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *PO4000128486*

1. Corporation Name

Key Largo Auto & Tire, Inc.

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

104505 Overseas Highway

Suite, Apt. #, etc.

City & State

Key Largo, FL

Zip

33037

Country

USA

3. Mailing Office Address

104505 Overseas Highway

Suite, Apt. #, etc.

City & State

Key Largo, FL

Zip

33037

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
09/10/2004

5. FEI Number

55-0885673

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

Robert Gould

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

104505 Overseas Highway

Suite, Apt. #, Etc.

City

Key Largo

State

FL

Zip Code

33037

500277646335
10/01/15--01016--001 **300.00

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

Robert F. Gould

REGISTERED AGENT MUST SIGN

Date

9-25-15

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
PV	Robert F. Gould	104505 Overseas Highway	Key Largo, FL 33037

10. E-mail Address:

(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:

Robert F. Gould

Robert F. Gould

9-25-15

3054512277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone