## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| REIN   | PORATI                               | ENT       |            | S                         | DEPARTM<br>Secretary o                            |  | TATE   | :  |                    | SEP 23 /               | 4A II: 04   |
|--|--------------------------------------|-----------|------------|---------------------------|---|--|--|--|--------------------|------------------------|-------------|
| DOCUMENT # PO4——169934   |                                      |           |            |                           |   |  |  |  | 741                | EM IMJJI L             | , reunida   |
| CENTRAL LAKELAND MOTORS, INC   |                                      |           |            |                           |   |  |  | •  |                    |                        |             |
|  |                                      |           |            |                           |   |  |  | 300136227223<br>09/23/0801003004 **300.00  |                    |                        |             |
| 2. Principal   | l Office Addre                       | ss - No F | P.O. Box # | 3. Mailing Office Address |   |  | REI  | VSTATI   |                    | 07-09                  |             |
| 1200 W. MEMORIAL BLVD  |                                      |           |            | Suite Ant # etc           |   |  | ·  |  | CR2                | EU81 (12/07)           |             |
| Suite, Apt. #  | - etc.<br>-                          |           |            | Suite, Apt. #, etc.       |   |  |  | orated or Qualifi  | ied                |                        |             |
| City & State   |                                      |           |            | City & State              |   |  | To Do Business in Florida 11/05                    |  |                    |                        |             |
| LAKELAND, FL   |                                      |           |            |                           |   |  | 5. FEI Number Applied For 202156259 Not Applicable |  |                    |                        |             |
| Zip  | Country                              |           | Zip        |                           | ountry  |  | 6.   | OF STATUS DES  |                    | dditional Fee required |             |
| 33815  |                                      |           |            |                           |   |  | CERTIFICATE  | OI SIXIOS DES  | for a              | Certificate of Status  |             |
| 7. Name and Address of Current Registered Agent Name CHRISTOPHER F. DOHERTY  |                                      |           |            |                           |   |  |  | 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. |                    |                        |             |
| Street Address (P.O. Box Number is Not Acceptable) 1200  |                                      |           |            |                           |   |  |  |  |                    |                        |             |
| Suite, Apt. #, Etc.<br>W. MEMORIAL BLVD  |                                      |           |            |                           |   |  |  |  |                    |                        |             |
| City State Zip Code LAKELAND State 7 33815   |                                      |           |            |                           |   |  |  |  |                    |                        |             |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob- Signature of Registered Agent   |                                      |           |            |                           |   |  |  | bligations of section 607.0505 or 617.0503, F.S.  Date9/19/08  |                    |                        |             |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  |                                      |           |            |                           |   |  |  |  |                    |                        |             |
| Titles   | Name of<br>Officers and/or Directors |           |            |                           | Street Address of Each<br>Officer and/or Director |  |  |  | City / State / Zip |                        |             |
| D  | CHRISTOPHER F. DOHERTY               |           |            |                           | 1200 W. MEMORIAL BLVD                             |  |  |  | LAKELAND, FL 33815 |                        |             |
|  |                                      | 1_        | 1          |                           |   |  |  |  |                    |                        |             |
|  | W19/23                               |           |            |                           |   |  |  |  |                    |                        | <del></del> |
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|  |                                      |           |            |                           |   |  |  |  |                    |                        |             |
| 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 filling 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 fisted 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.  CHRIS DOHERTY 9/19/08 863-688-5451 |                                      |           |            |                           |   |  |  |  |                    |                        |             |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  |                                      |           |            |                           |   |  |  |  |                    |                        |             |