

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 13 PM 1:37

SECRETARY OF STATE
ALBUQUERQUE, FLORIDA

DOCUMENT # P05000032191

1. Corporation Name

UNIVERSAL MOTOR CARS OF FLORIDA INC

REINSTATEMENT

200161648838
10/13/09--01035--005 **308.75

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #
219 SCENIC GULF DRIVE

3. Mailing Office Address
219 SCENIC GULF DRIVE

Suite, Apt. #, etc.
1740

Suite, Apt. #, etc.
1740

City & State
MIRAMAR BEACH, FL

City & State
MIRAMAR BEACH, FL

Zip Country
32550 US

Zip Country
32550 US

**4. Date Incorporated or Qualified
To Do Business in Florida 03-01-2005**

**5. FEI Number
20-2429432**

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
STANLEY H HALL

Street Address (P.O. Box Number is Not Acceptable)
219 SCENIC GULF DRIVE

Suite, Apt. #, Etc.
1740

City
MIRAMAR BEACH

State Zip Code
FL 32550

☒ 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

Date **10-09-2009**

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
PRES	STANLEY H. HALL	219 SCENIC GULF DRIVE #1740	MIRAMAR BEACH, FL 32550
SEC	EMILY L HALL	219 SCENIC GULF DRIVE #1740	MIRAMAR BEACH, FL 32550

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:

STANLEY H HALL

10-09-2009

8508303083

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #