

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000052218

1. Corporation Name

A AFFORDABLE CAR RENTAL AND SVC, CORP

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

10748 FIELD FAIR DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

10748 FIELD FAIR DRIVE

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34119-

Country

USA

Zip

34119

Country

USA

7. Name and Address of Current Registered Agent

Name

JOSEPH L. MASON, JR.

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

10748 FIELD FAIR DRIVE

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34119

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

Joseph L. Mason, Jr.

REGISTERED AGENT MUST SIGN

Date 11/20 /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
P	(D) JOSEPH L. MASON, JR.	10748 FIELD FAIR DRIVE	NAPLES, FL 34119
S	CHERI ANN MASON	10748 FIELD FAIR DRIVE	NAPLES, FL 34119

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:

Joseph L. Mason, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20 /2008

Date

203-368-2224

Daytime Phone #

FILED

08 NOV 21 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600138166856
11/21/08--01022--003 **\$900.00

REINSTATEMENT

07-08

4. Date Incorporated or Qualified
To Do Business in Florida 04/08/2005

5. FEI Number
20-2669656

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☐ 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.

11/21/08