

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV 27 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000056551

1. Corporation Name

CLEAR CREDIT AUTO CENTER, INC.

2. Principal Office Address - No P.O. Box #
2115 SE HWY 70

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ARCADIA

City & State

Zip
34266

Country
USA

Zip

Country

REINSTATEMENT 06-07

4. Date Incorporated or Qualified
To Do Business in Florida **04-15-2005**

5. FEI Number
84-1675243

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
TERESA THORNTON

Street Address (P.O. Box Number is Not Acceptable)
7567 SE STEWART TERRACE

Suite, Apt. #, Etc.

City
ARCADIA

State Zip Code
FL 34266

☒ 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

Teresa Thornton

REGISTERED AGENT MUST SIGN

Date

11-16-07

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	TERESA THORNTON	7567 SE STEWART TERRACE	ARCADIA, FL 34266
	<i>11/16/07</i>		

100112600301
11/27/07--01024--011 **300.00

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:

Teresa Thornton Teresa Thornton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-16-07

Daytime Phone #

983-494-0177