

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
FILED

08 FEB 22 AM 11:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900117850209  
02/12/08--01025--001 \*\*308.75

REINSTATEMENT

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P06000143597

1. Corporation Name

AUTO CENTER ST. LUCIE INC

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

601 N 39th ST

Suite, Apt. #, etc.

3. Mailing Office Address

714 IXORIA AVE

Suite, Apt. #, etc.

City & State

FORT PIERCE FL

City & State

FORT PIERCE FL

Zip

34950

Country

U.S.A

Zip

34982

Country

U.S.A

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

20-59-23209

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$2.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SAIRA QURESHI

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

714 IXORIA AVE

Suite, Apt. #, Etc.

City

FORT PIERCE

State

FL

Zip Code

34982

☒ 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

*David Qureshi*

Date 02-19-08

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
OWNER MGR	SAIRA QURESHI	714 IXORIA AVE	FORT PIERCE FL 34982

REINSTATEMENT 07-08

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:

*David Qureshi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-08

772-332-6590

Date

Daytime Phone #