

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

15 APR -8 PM 12:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P9000043368

1. Corporation Name

Eternity Auto Sales Inc.

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

7012 US Hwy 98 N

Suite, Apt. #, etc.

3. Mailing Office Address

2110 Wooten Rd

Suite, Apt. #, etc.

City & State

Lakeland FL

Zip Country

33809 USA

City & State

Dover, FL

Zip Country

33527 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5/15/2009

5. FEI Number

90-0485539

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

NO

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Wayne Wiggant

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

2110 Wooten Road

Suite, Apt. #, Etc.

City

Dover

State

FL

Zip Code

33527

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

Wayne Wiggant

REGISTERED AGENT MUST SIGN

Date

4/7/2015

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
<u>PT</u>	<u>Wayne Wiggant</u>	<u>Same</u>	

10. E-mail Address: Waynesworld15@gmail.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Wayne Wiggant

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/15

Date

813-659-3005

Daytime Phone #

*5022101  
2014/2015  
RW*