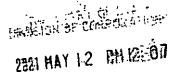
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS



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1. Corporation Name

Courtesy Automotive, Incorporated Doc # P18000047576

2. Principal Office Address - No P.O. Box # 3401 W Navy Blvd Suite, Apt. #, etc. City & State Pensacola Zip Country		3. Mailing Office Address 3401 W Navy Blvd Suite, Apt. #, etc. City & State Pensacola Zip Country		4. Date Incor To Do Bus 5. FEI Numbe 36-49051	##750.00 CR2E081 (11/10) 4. Date Incorporated or Qualified To Do Business in Flonda 5. FEI Number Applied For Not Applicable		
.32505	U.S.A.	32505	U.S	.A	CERTIFICAT	E OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
Street Add	vest Registered Agent, LLC dress (P.O. Box Number is Not Accepte th St North .#, Etc.	s of Current Registered A					
City St. Peti	ersburg		State FL	Zip Code 33702			
8. I, being Signature i Registered		above named corporation, Colored REGISTERED AGENT M		with and accept the	obligations of secti	on 607.0505 or 617.0503 Date 04/30/2	
9. Name	s and Street Addresses of Each Officer	and/or Director (Florida no	nprofit corpo	orations must list at l	east 3 directors)		
Titles	Name of Officers and/or Direct	ors	Street Address of Each Officer and/or Director			City / State / Zip	
D	Michael A Campbell	Aichael A Campbell 3401 W Navy Blvd		Blvd	Pensacola, FL 32505		
	REIN	STATEN	MEN	T		MAY 1 2 2021 R. HUNT	

10. E-mail Address:	Roncaglione79@yahoo.	com		
	- All I	(To be used for future annual report notification)		
reinstatement application, to owed by the corporation has	the peason for disabilition has been a symbology pays. In the posteruty, the in	e empowered to execute this application as provided for in chapter 607 or eliminated, the corporate name satisfies the requirements of section 607, formation indicated on this application is true and accurate, and my signa d in a document to the Department of State constitutes a third degree feld	0401 or 617.0401, sture shall have the	, F,S., and that all fees e same legal effect as
SIGNATURE:	City POUR	Michael A Campbell	4/29/2021	(850)529-1735
	SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #