

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED
2021 MAY 12 PM 12:07

DOCUMENT #

1. Corporation Name

Courtesy Automotive, Incorporated
Doc # P18000047576

2. Principal Office Address - No P.O. Box #
3401 W Navy Blvd

3. Mailing Office Address
3401 W Navy Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pensacola

City & State
Pensacola

Zip Country
32505 U.S.A.

Zip Country
32505 U.S.A.

800366159068
05/12/21--01013--013 **750.00

CR2E081 (11/10)

**4. Date Incorporated or Qualified
To Do Business in Florida** 05/23/2018

5. FEI Number 36-4905134
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
Northwest Registered Agent, LLC
Street Address (P.O. Box Number is Not Acceptable)
7901 4th St North
Suite, Apt. #, Etc.
STE 300
City State Zip Code
St. Petersburg FL 33702

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**

Tom Glover

Date 04/30/2021

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
D	Michael A Campbell	3401 W Navy Blvd	Pensacola, FL 32505

REINSTATEMENT

MAY 12 2021

R. HUNT

10. E-mail Address: Roncaglione79@yahoo.com

(To be used for future annual report notification)

11. I certify that I am an officer or director of the corporation 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 person for disqualification 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:

Michael A Campbell

Michael A Campbell 4/29/2021 (850)529-1735

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #