

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 APR 11 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P19535

**1. Corporation Name**

BILL SHULTZ CHEVROLET, INC.

**2. Principal Office Address**

4200 SOUTH US HWY 1

Suite, Apt. #, etc.

City & State

FORT PIERCE, FL

Zip

34982

Country

ST LUCIE

**3. Mailing Office Address**

P O BOX 13029

Suite, Apt. #, etc.

City & State

FORT PIERCE, FL

Zip

34979

Country

ST LUCIE

**4. Date Incorporated or Qualified  
To Do Business in Florida**

09/15/1970

**5. FEI Number**

59-1313641

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

W. N. SHULTZ

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

4200 SOUTH US HWY 1

Suite, Apt. #, Etc.

City

FORT PIERCE

State

FL

Zip Code

34982

**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

Date 04/07/05

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
C/D	W N SHULTZ	4200 SOUTH US HWY 1	FORT PIERCE, FL 34982
P/D	RONALD S SHULTZ	4200 SOUTH US HWY 1	FORT PIERCE, FL 34982
V/D	JEFFERY D SHULTZ	4200 SOUTH US HWY 1	FORT PIERCE, FL 34982
S/T/D	WILLIAM E SHULTZ	4200 SOUTH US HWY 1	FORT PIERCE, FL 34982
ASST S/T	LISA A FRANCIS	4200 SOUTH US HWY 1	FORT PIERCE, FL 34982
D	MARY L SHULTZ	4200 SOUTH US HWY 1	FORT PIERCE, FL 34982

**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 under section 119.07(3)(i), 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:**

LISA FRANCIS

04/07/05

(772)461-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)