

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -3 AM 11:33

DOCUMENT # **P92000602754**

1. Corporation Name

Zippy Rent-A-Car, Inc.

2. Principal Office Address

27365 U.S. Hwy. 19 No.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Clearwater, Fl.

Zip

33761

Country

Pinellas

City & State

Zip

Country

REINSTATEMENT 96-06

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

12/89

5. FEI Number

59-3162732

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

David A. Bacon, Esq.

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

2959 First Ave. No.

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

100003473171-0

-11/21/00-01094-014

*****1500.00 ***1500.00**

100003473171-0

-11/21/00-01094-015

*****1500.00 ***1500.00**

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **10/30/00**

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
Director	Cash, James W.	11717 Split Tree Circle	Potomac, Md. 20854
Director	Jenkins, Garry M	373 Carriage Way Park	Annapolis, Md. 21401
Director	Fitzgerald, Dorothy M	9624 Glencrest Lane	Kensington, Md. 20895
President	Smith, Robert J.	250 Turtle Creek Circle	Oldsmar, Fl. 34677
Asst. Sec. Trs	Bentzen, Michael P	11141 Hurdle Hill Dr.	Potomac, Md 20854
Asst. Sec. Trs	Barber, Jessie R.	1701 Pinehurst Rd #19-H	Dunedin, Fl. 34698

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/00

Date

727 799 1800

Daytime Phone #

CR2E081 (9/99)