

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY 20 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P92000004047**

1. Corporation Name

White Sands Auto Sales of F.W.B., Inc.

REINSTATEMENT 95-04

400036961564

05/20/04--01047--008 **2100.00

2. Principal Office Address

205 NE Racetrack Road

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Walton Beach, FL

City & State

Zip

32547

Country

Okaloosa

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11-13-1992

5. FEI Number

59-3154752

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

Russell Arney

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

205 NE Racetrack Road

Suite, Apt. #, Etc.

City

Ft. Walton Beach, FL

State

FL

Zip Code

32547

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

Carolyn D Arney
REGISTERED AGENT MUST SIGN

Date

5-14-04

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	Arney, Russell	205 NE Racetrack Road	Ft. Walton Beach, FL 32547
D	Arney, Carolyn	205 NE Racetrack Road	Ft. Walton Beach, FL 32547

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:

Carolyn D Arney
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-14-04

Daytime Phone #

CR2E081 10/1/04