

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 13, 2003 8:00 A.
Secretary of State

DOCUMENT # P 93000008676

1. Corporation Name

Tampa Auto Sales, Inc.

REINSTATEMENT 96-03

600014062006
03/13/03--01042--026 **1800.00

2. Principal Office Address

2806 S. 50th St.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33619

Country

Hillsborough

3. Mailing Office Address

2806 S. 50th St.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33619

Country

Hillsborough

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

5. FEI Number

593165995

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

JANICE K. CHARRON RUMANS

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

7806 PARISH PL.

Suite, Apt. #, Etc.

City

Tampa

State
FL

Zip Code

33619

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

JANICE K. CHARRON RUMANS
REGISTERED AGENT MUST SIGN

Date 3-3-03

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
owner	JANICE K. CHARRON RUMANS	7806 PARISH PL.	Tampa, FL 33619

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:

JANICE K. CHARRON RUMANS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-03

Date

813-299-4768

Daytime Phone #

CR2E081 (10/02)