ASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PLEA
APPLICATION
FOR
REINSTATEMEN
DOCUMENT #
BALL PARK AUTO



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

P9300001038/2

SALES, INC.

Principal Place of Business

Mailing Address

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

-1500-9TH-9T-W-**BRADENTON FL 34205**

SIGNATURE:

4530 9TH 3T W **BRADENTON FL 34205**

FILED 00 NOV 22 AM 9: 29 SECRETARY OF STATE TALLAHASSEE FLORIDA

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\$ 33 i 10.00

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If above add	dresses are incorrect in any way, line thro	uah incorrect in	formation and enter	correction below.			-	
2. New Principal Office Address, If Applicable 3. New Mailin 170 0			ng Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 02/05/1993			
Suite, Apt. #, etc. Suite, Apt. #,			etc.		5. FEI Number		Ì	Applied For
Give Starte Starte Starte STR Co.			enton Fl.		65-0386818			Not Applicable
21p34205 MANAtee Zip342			Country			E OF STATUS DESIRED Status 88.75 Additional Fee required for a Certificate of Status		
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
Title(s)	Name of Officers and/or Directors 2			reet Address of Each fficer and/or Director		City / Star	te / Zip	
DPST	HUNTER, JOSEPH J 391			A TERR	BRADENTON FL			
DPST	Hunter, Jose PH	8	124 Tide	waterZ	⊋r.	Braclenton	FI.	34210
								-
					21	DOOO3493 -12/11/000 ****750.00	11025	5001
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent			
				Name				
- 1530 9	ER, JOSEPH J oth St W - Enton Fl 34210		Street Address (P.O. Box Number is Not Acceptable) 170 Suite, Apt. #, Etc.					
		A	Bradenton State Zip Code 54205					
10. I, being appointed the registered agent of the above named corporation, am familiar with a Signature of Registered Agent REGISTERED AGENT MUST SIGN					bilgations of Section	Date WOVEN	<u>. sle</u>	17,2-000
11. I certify that farm 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								