

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

02 MAY 30 AM 8:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P93000018672

**1. Corporation Name**

General Auto and Millennium Fuel  
of Tampa, Inc.

600005765036--2  
-06/13/02--01034--002  
\*\*\*\*900.00 \*\*\*\*900.00

**REINSTATEMENT** 01-02

**2. Principal Office Address**

4101 Gandy Blvd.

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33611

Country

U.S.

**3. Mailing Office Address**

4101 Gandy Blvd.

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33611

Country

U.S.

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

3/11/93

**5. FEI Number**

59-3164269

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

Sophia Kefalas

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

4101 Gandy Blvd.

Suite, Apt. #, Etc.

City

Tampa

State  
**FL**

Zip Code

33611

**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

Sophia Kefalas

REGISTERED AGENT MUST SIGN

Date 5/28/02

**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
PD	Sophia Kefalas	6222 Soaring Avenue	Tampa, FL 33617
VD	Bessie Kefalas	6207 Tanager Place	Tampa, FL 33617

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sophia Kefalas

5/28/02

Date

Daytime Phone #

813-839-9245