

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB -9 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 9300003203

1. Corporation Name

Lucky's Auto Sales & Rentals Inc.

2. Principal Office Address

2439 W. Tennessee St.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32304

Country

Leon

3. Mailing Office Address

2539 W. Tennessee St.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32304

Country

Leon

REINSTATEMENT 02-06

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

4/26/93

5. FEI Number

59-3177013

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

Vicki Beaumont

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

2539 W. Tennessee Street

Suite, Apt. #, Etc.

00006555830

02/24/06--01/12--028 **1358.5

City

Tallahassee

State

FL

Zip Code

32304

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

Vicki Beaumont

Date 2/9/06

REGISTERED AGENT MUST SIGN

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
Pres	Vicki Beaumont	2539 W. Tennessee St.	Tallahassee, FL 32304

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 contained in Chapter 119, 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:

Vicki Beaumont

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/06

Date

Daytime Phone #