

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 14 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000049471

1. Corporation Name

CENTRAL FLORIDA IMPORTS, INC.

Principal Place of Business

2739 SILVER STAR ROAD
ORLANDO FL 32808
US

Mailing Address

2739 SILVER STAR ROAD
ORLANDO FL 32808
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/15/1993

5. FEI Number

59-3205089

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	WILLIAMS, RICHARD G	2739 SILVER STAR RD.	ORLANDO FL

REINSTATEMENT

8. Name and Address of Current Registered Agent

WILLIAMS, RICHARD G
2739 SILVER STAR ROAD
ORLANDO FL 32808

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-7-03

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-7-03 (407) 298-8888

Date

Daytime Phone #

CR2E040 (7/03)

201 L

CAR-O-VAN COLLISION CENTER

2743 Silver Star Road

Orlando, Florida 32808

Phone (407) 298-8888

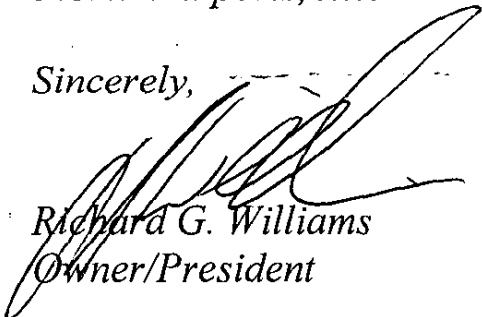
Fax (407) 299-2836

November-7, 2003

To Whom It May Concern:

I, am writing you today in regards to the dissolution or revocation of Central Florida Imports, Inc. in hopes that you will reinstate us on the grounds that we did not receive the annual Uniform Business Report for the year. Please accept my apologies but my failure to respond was due to not receiving the information required to do so. Also, it states inside the application for reinstatement that a second notice was mailed to the business I also did not receive this notice. Once again please accept my apologies and this check of \$150.00 for reinstatement of Central Florida Imports, Inc.

Sincerely,



Richard G. Williams
Owner/President