

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 93000064828

1. Corporation Name

Emerald Coast Auto Sales, Inc.

Principal Place of Business

**6300 N. Palafox St.
Pensacola, FL 32503**

Mailing Address

same

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

09/17/1993

5. FEI Number

59-3202725

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres	Robert E. Polk	1354 Players Club Cr. Gulf Breeze, FL 32561	Gulf Breeze, FL 32561
Sec/T	Sarah Z. Polk	1354 Players Club Cr.	Gulf Breeze, FL 32561

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-12/30/97--01033--004
******365.00 ****365.00**

12-29-97

B. Name and Address of Current Registered Agent

**Robert E. Polk
1354 Players Club Cr.
Gulf Breeze, FL 32561**

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.

Signature of
Registered Agent

Robert E. Polk

REGISTERED AGENT MUST SIGN

Date **12-19-97**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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: *Robert E. Polk* Robert E. Polk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-19-97
Date

850-474-8913
Daytime Phone #

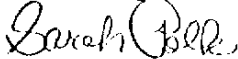
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Emerald Coast Auto Sales, Inc.
6300 N. Palafox St.
Pensacola, FL 32503

ATTN: T. Brumbley

Per our phone conversation, I am enclosing two checks for the reinstatement application for the corporation. We are doing a slight name change and address change. I am enclosing a check for the \$365.00 to reinstate because on the 1995 filing application we listed a change in address and did not receive our 1996 application. You stated that you would waive the additional penalties for that reason. I have also enclosed a separate check for filing the articles of amendment (\$35.00) and a certificate of status (\$8.75). If there are any questions regarding this, please do not hesitate to contact me at 850-474-8913. Thank you.

Sincerely,



Sarah Polk
Emerald Coast Auto Sales, Inc.