

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION  
1996 FOR  
ANNUAL Report



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1996 OCT 21 PM 12: 46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000066762

1. Corporation Name

M & A AUTO TRANSPORT, INC.

Principal Place of Business

3035 FIFER DRIVE  
DELTONA FL 32738

Mailing Address

3035 FIFER DRIVE 118 WEST ORANGE ST  
DELTONA FL 32738 #101  
ALTA MONTE SPRINGS  
FL 32714.



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

2. New Principal Office Address, If Applicable

620 HOBSON TERRACE

3. New Mailing Office Address, If Applicable

118 WEST ORANGE ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELTONA FL

City & State

ALTA MONTE SPRINGS FL

Zip

32738

Country

Zip

32714

Country

4. Date Incorporated or Qualified  
To Do Business In Florida

09/20/1993

5. FEI Number

59-3205081

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)

| 1<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip |
|---------------|-------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------|
| P             | BURGESS, MICHAEL                          | 3035 FIFER DR.                                                                                 | DELTONA FL 32738        |
|               |                                           |                                                                                                |                         |
|               |                                           |                                                                                                |                         |
|               |                                           |                                                                                                |                         |
|               |                                           |                                                                                                |                         |
|               |                                           |                                                                                                |                         |
|               |                                           |                                                                                                |                         |
|               |                                           |                                                                                                |                         |

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\*\*\*\*200.00 \*\*\*\*200.00

8. Name and Address of Current Registered Agent

BURGESS, MICHAEL  
3035 FIFER DR.  
DELTONA FL 32738

9. Name and Address of New Registered Agent

Name

BURGESS MICHAEL

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

118 WEST ORANGE STREET

Suite, Apt. #, Etc.

101

City

ALTA MONTE SPRINGS

State

FL

Zip Code

32714

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 10/10/96

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

10/10/96

Date

(407) 869-4442

Daytime Phone #

CR20040 (7/96)

# P93000066762

②

**A-Plus Accounting, Inc.**

Accounting & Tax Service



118 West Orange Street, Suite 100  
Altamonte Springs, FL 32714  
(407) 869-4442  
(407) 862-0305  
Fax: (407) 774-4443

DEAR SAMMY,

ENCLOSED IS COPIES OF OUR CERTIFIED MAILINGS TO THE  
DIVISION OF CORPORATIONS. I HOPE THIS CLEARS UP ANY MISUNDERSTANDING.  
AS DISCUSSED WITH YOU, OUR CLIENT NEVER RECEIVED THE DOCUMENTS THAT WERE  
RETURNED TO HIM. SO WE HAVE VOIDED THE CHECK & ISSUED YOU A NEW ONE.  
ONCE AGAIN THANK YOU FOR BEING SO HELPFUL.

SINCERELY

A handwritten signature in black ink, appearing to be 'Ingrid Goldberg', written over a horizontal line.

INGRID GOLDBERG

A PLUS ACCOUNTING INC.