

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000080466

1. Corporation Name

South Florida Toyota Dealers Advertising
Association

Principal Place of Business

Mailing Address

See Below

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

2. New Principal Office Address, If Applicable

380 Columbia Drive

Suite, Apt. #, etc.

#111

City & State

West Palm Beach, FL

Zip

33409

Country

U.S.A.

3. New Mailing Office Address, If Applicable

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

November 15, 1993

5. FEI Number

65-0440069

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. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/S/T/D	Ron Frontiero	2700-2800 South Federal Highway	Delray Beach, FL 33483
			500003070555--7 -12/15/99--01018--006 ***1958.75 ***1958.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Vincent M. Gendusa

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

380 Columbia Drive

Suite, Apt. #, Etc.

Suite #111

City

W. Palm Beach

State

Zip Code

FL

33409

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

11/29/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ron Frontiero, President

Date

11/13/99

Daytime Phone #

CR2001 (12/98)