

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P93000085428**

1. Corporation Name

D.S.P. AUTO SALES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN -7 PM 1:15

Principal Place of Business

14115 E HWY 25
OCKLAWAHA FL 32179
US

Mailing Address

3415 S HWY 484
BELLEVIEW FL 34420
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

11800 SE 130 ST

ocklawaha Florida

32179

marion

REINSTATEMENT 01

4. Date Incorporated or Qualified
To Do Business in Florida

12/08/1993

5. FEI Number

59-3214240

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

2

Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director

4

City / State / Zip

P

PETERS, LONDA L

14840 S.E. 47TH CT.

SUMMERFIELD FL 34491

0000004775810-7
-01/15/02--01048--019
****750.00 ****750.00

Bill

8. Name and Address of Current Registered Agent

CHAMBERLIN, RICHARD G
6044 S.E. AGNEW ROAD
BELLEVIEW FL 33421

9. Name and Address of New Registered Agent

Name

LONDA PETERS

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

11800 SE 130 ST

Suite, Apt. #, Etc.

City

ocklawaha

State

FL

Zip Code

32179

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

11/30/01

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:

Londa Peters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-01

Date

288-1355

Daytime Phone #

CR2E040 (8/01)