

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

1997 NOV -7 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000000280

1. Corporation Name

SUNRISE-NOB HILL INSURANCE & AUTO TAGS, INC.

Principal Place of Business

1836 NOB HILL ROAD
PLANTATION FL 33322
US

Mailing Address

1836 NOB HILL ROAD
PLANTATION FL 33322
US



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

2. New Principal Office Address, If Applicable

7245 N.W. 88th AVE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

7245 N.W. 88th AVE
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

01/03/1994

5. FEI Number

65-0468160

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

City & State

TAMARAC, Florida

City & State

TAMARAC, Florida

Zip

33321

Country

USA

Zip

33321

Country

USA

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
D	LAWSON, EDWARD	8310 STATE ROAD 84	DAVIE FL 33324
P	DOCTOR, DONALD	1219 SW 87 TERRACE	PLANTATION FL

200002344842-2
-11/12/97-01089-004
***750.00 ***750.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

~~PILKEY, JAMES O~~
~~1800 SE THIRD AVE~~
~~SUITE B~~
~~FT LAUDERDALE FL 33316-2877~~

9. Name and Address of New Registered Agent

Name Edward LAWSON
Street Address (P.O. Box Number is Not Acceptable)
12731 NW 1st
Suite, Apt. #, Etc.

City Plantation

State

FL

Zip Code

33325

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

REGISTERED AGENT MUST SIGN

Date 10/31/97

11. This corporation owes or has paid 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/97 954-524-5002
Date Daytime Phone #

CR25040 (8/97)