

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 # P 94000003200

1. Corporation Name

Professional Automotive Sales & Service Inc.

Principal Place of Business

Mailing Address

8698 Commerce Street
Cape Canaveral, FL 32920

FILED

97 JUN -5 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida January 06, 1994	
Suite, Apt. #, etc. SAME		Suite, Apt. #, etc. Same		5. FEI Number 59-3238946	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
Dir.	Denton R. Mulenex	39 Lime Ave	Rockledge, FL 32955
Dir.	Ellen J. Mulenex	39 Lime Ave	Rockledge, FL 32955
			900002206249--2
			-06/09/97--01149--024
			***1088.75 ***1088.75

8. Name and Address of Current Registered Agent

Denton R. Mulenex
39 Lime Ave
Rockledge, FL 32955

9. Name and Address of New Registered Agent

Name
Ellen J. Mulenex
Street Address (P.O. Box Number is Not Acceptable)
39 Lime Ave
Suite, Apt. #, Etc.
City
Rockledge
State
FL
Zip Code
32955

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 *Ellen J. Mulenex*
REGISTERED AGENT MUST SIGN

Date 03 June 1997

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: *Denton R. Mulenex*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Denton R. Mulenex 6/3/97 799-0194
Date Daytime Phone #

CR2040 (12/96)