

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *20142*

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 SEP 19 AM 10:13

**CORPORATION**  
**REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *P94000007116*

1. Corporation Name

*COLORCARS EXPERIENCED AUTOMOBILES, INC.*

2. Principal Office Address

*2311 N. TAMiami TRl*

3. Mailing Office Address

*2311 N. TAMiami TRl*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*NOKOMIS, FL*

City & State

*NOKOMIS, FL*

Zip

*34275*

Country

*US*

Zip

*34275*

Country

*US*

4. Date Incorporated or Qualified  
To Do Business in Florida

*01/28/1994*

5. FEI Number

*650474956*

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

*JOHN T. EARLY, III*

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

*2311 N. TAMiami TRl*

Suite, Apt. #, Etc.

City

*NOKOMIS*

State

*FL*

Zip Code

*34275*

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date *9/14/01*

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>PRES.</i>	<i>JOHN T. EARLY, III</i>	<i>2311 N. TAMiami TRl</i>	<i>NOKOMIS, FL 34275</i>
<i>SEC. &amp; TREAS.</i>	<i>DIR.</i>		

SP

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

Date *9/14/01*

*941-966-0667*

Daytime Phone #

pg 2 of 2  
TM

# ColorCars ...experienced automobiles.

"Where your only concern is the color!"

September 17, 2001

Florida Department of State  
Division of Corporations  
Reinstatement Division  
PO Box 6327  
Tallahassee, FL 32314

Dear Sir or Madame:

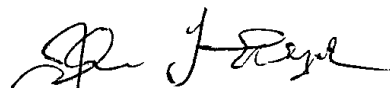
Pursuant to a telephone conversation with a reinstatement examiner this morning I enclose our request for reinstatement along with a check for \$308.25.

I respectfully request a waiver of the late penalty, as unbeknownst to us at the time, the post office failed to forward our mail to our new post office box or new physical address. They returned it to the State of Florida.

Having never received the document we were not able to file it.

I greatly appreciate your consideration in this hardship matter.

Sincerely,

  
John F. Early, III  
President