

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 APR 17 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000015092

1. Corporation Name

ROYAL PALM AUTO SALES, INC.

2. Principal Office Address

2160 Cleveland Ave.

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33901

Country

3. Mailing Office Address

2160 Cleveland Ave.

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33901

Country

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/24/1994 **SP**

5. FEI Number

65-0482400

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

Wade H. Parsons, Esq.

700003230157

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

1853 Victoria Avenue

-05/01/00--01003--025

1050.00 **

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33902

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

REGISTERED AGENT MUST SIGN

Date

4/13/00

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
D	BOB PARKER	2160 Cleveland Ave.	Fort-Myers, FL 33901

10. 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:

Bob Parker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00

Date

941-332-2234

Daytime Phone #