

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 # **P94000027797**

1. Corporation Name

**SHAMROCK AUTO EXCHANGE, INC.**

Principal Place of Business

2005 REID STREET  
PALATKA FL 32177

Mailing Address

2005 REID STREET  
PALATKA FL 32177

FILED

96 DEC 13 PM 12: 39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT**

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/12/1994	
City & State		City & State		5. FEI Number	
Zip		Country		59-3248568	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input 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)

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
<del>DP</del>	QUINN, EMMETT T	2005 REID STREET	PALATKA FL 32177
<del>P.V.O</del>	LASTINGER, LAWTON C	2005 REID ST	PALATKA FL 32177

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12/17/96 01024-012

\*\*\*375.00 \*\*\*375.00

8. Name and Address of Current Registered Agent

~~QUINN, EMMETT T~~  
2005 REID STREET  
PALATKA FL 32177

9. Name and Address of New Registered Agent

Name  
Lastinger, Lawton  
Street Address (P.O. Box Number is Not Acceptable)  
2005 Reid St.  
Suite, Apt. #, Etc.

City Palatka FL State FL Zip Code 32177

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

*Lawton C. Lastinger*  
**REGISTERED AGENT MUST SIGN**

Date 9/20/96

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:

*Lawton C. Lastinger*  
**REGISTERED AGENT MUST SIGN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/96  
Date

904-325-5733  
Daytime Phone #