

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

APPROVED
AND
FILED

98 NOV 23 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000041474

1. Corporation Name

K.E.L. AUTO SALES, INC.

Principal Place of Business

Mailing Address

~~2900 5TH AVE N~~
~~ST PETERSBURG FL 33713~~

~~2900 5TH AVE N~~
~~ST PETERSBURG FL 33713~~



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/31/1994

5. FEI Number

59-3246761

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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
D	LARSH, ERNEST	2900 5TH AVE N 16133 US 19 N	ST PETERSBURG FL 33713 HUDSON 34667
D	LARSH, JEANETTE	2900 5TH AVE N 16133 US 19 N	ST PETERSBURG FL 33713 HUDSON 34667
			500002701765--1
			12/03/98 01085 007
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LARSH, ERNEST
12156 93 WAY N.
LARGO FL 33773

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Ernest Larsh

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-18-98

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)(l), 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:

Ernest Larsh
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-18-98
Date

Daytime Phone #

CR2E040 (8/98)

To whom it May Concern

We have Called in To the office
And since This notice was sent To The
wrong address and we did not received
it.

We were To send 150⁰⁰ To your
office.

Please Change our address so we
can send it in on Time next Time.

Thank you
Bernett Smith

HAVE A SAFE
HOLIDAYS

