

APPLICATION

FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

96 OCT 16 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95-29993

1. Corporation Name

J/C's Auto w/s Retail Cons, Incorp.

Principal Place of Business

Mailing Address

1601, S. McCall Rd
Englewood FL 34223

Shawn King
1314 Beacon Dr
PT Char FL
33952

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

NEW Address Above
Suite, Apt. #, etc.

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

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
S. & D. Pres.	Shawn King	1314 Beacon Dr PT Char FL 33952	

600001977266--8
-10/16/96--01073--001
***208.75 ***208.75

DISC. REMOVED,
NOTICE NOT RECEIVED.

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

D. Christopolus
95 Wilhelm Dr
Englewood FL 34223

Name

None

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

D. Christopolus
REGISTERED AGENT MUST SIGN

Date

Oct 16-96.

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Shawn King Oct 16-96.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

I Shawn King is all officer of
J/c's Auto w/s Retail Cons. Inc.,
and I have received the
first or second notice Annual
Report,

Shawn King pres.