

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 JUN 13 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **993600035085**

1. Corporation Name

Auto Store, Inc.

Principal Place of Business

Mailing Address

1636 E. New York Avenue
Deland, Florida 32734

Same

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

5/4/95

5. FEI Number

59-3313588

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
VP/D	Gary Johnson	6220 S. Orange Blossom Tr. Suite 320	Orlando, Florida 32809
P	Kenneth Seely	1636 E. New York Avenue	Deland, FL 32734

000002215930--5
-06/18/97-01070--023
***\$15.00 ***\$15.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

James Shudan
502 Devonshire Blvd.
Longwood, FL 32750

9. Name and Address of New Registered Agent

Name

Gary Johnson

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

6220 S. Orange Blossom Trail

Suite, Apt. #, Etc.

Suite 320

City

Orlando

State

FL

Zip Code

32809

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 6/12/97

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 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
Gary Johnson, Vice President

6/12/97

(407) 812-5600

Date

Daytime Phone #

CR2E040 (12/96)