

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

97 FEB 12 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000060999**

1. Corporation Name

CLV AUTO, INC.

Principal Place of Business

Mailing Address

905 N. RAILROAD AVENUE
WEST PALM BEACH FL 33401

905 N. RAILROAD AVENUE
WEST PALM BEACH FL 33401

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

2. New Principal Office Address, If Applicable

917 N. RAILROAD AVE

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip 33401

Country

3. New Mailing Office Address, If Applicable

PO Box 3432

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip 33402

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/07/1995

5. FEI Number

65-0658786

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
Pres	Lewis Pustilnik	917 N Railroad Ave	West Palm Beach FL 33401
Sec/Tre	Clifford Hartman	917 N Railroad Ave	West Palm Beach FL 33401

500002891475-5
-02/19/97--01013--006
****375.00 ****375.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

PUSTILNIK, LEWIS
905 N. RAILROAD AVENUE
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name

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

917 N. Railroad Ave

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33401

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

REGISTERED AGENT MUST SIGN

Date

1/30/97

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-10-97 864-833-1770

CR2E040 (7/96)