

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 DEC 31 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000068388

1. Corporation Name

FLEET SERVICES OF AMERICA, INC.

Principal Place of Business

Mailing Address

1708 SAVONA PARKWAY
CAPE CORAL FL 33904

1708 SAVONA PARKWAY
CAPE CORAL FL 33904

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

09/06/1995

5. FEI Number

65-0610174

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$9.75 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'	HART, RICHARD E	1708 SAVONA PARKWAY	CAPE CORAL FL 33904
D	HART, RICHARD P	4105 SE 1ST PLACE	CAPE CORAL FL 33904
D	HART, DAVID S	3840 SE 8TH PLACE	CAPE CORAL FL 33904
D	BLANGGARD, CLIFFORD D	4018 SE 15 PLACE	CAPE CORAL FL 33904
			800002045238--1
			-01/03/97--01132--005
			***375.00 ***375.00
			JB12-31-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HART, RICHARD E
1708 SAVONA PARKWAY
CAPE CORAL FL 33904

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

Richard E Hart
REGISTERED AGENT MUST SIGN

Date

12-20-96

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 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:

Richard E Hart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-20-96

Daytime Phone #

941-549-5620

CR26040 (7/96)