

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sandra Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **97-98 AR**
1. Corporation Name **PA6000024929**

FOX MOTORS, Inc.

Principal Place of Business

Mailing Address

**2541 W. TENN ST
TALLA., FL 32304**

**2541 W. TENN ST
TALLA., FL 32304**

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

3-20-96

5. FEI Number

59-3367642

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
C / VP	CLOY O. Packwood	211 Warriors Path	Killeen, TX 76548
P/S/T	Ernest M. Adams	755 Lupine Ln	Talla., FL 32308

**200002676942--0
-10/30/98--01073--001
****315.00 ****315.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Ernest M. Adams
755 Lupine Ln
Talla., FL 32308**

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

REGISTERED AGENT MUST SIGN

Date

9/22/98

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E M Adams - P

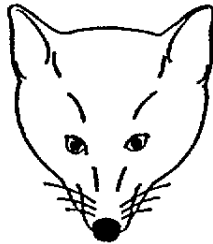
Date

9/22/98 850 576-8855

Daytime Phone #

CR2640 (1/98)

FOX



MOTORS

10-12-98

I recently discovered that FOX MOTORS, INC., had been dissolved by the state for non-payment of yearly fees. I would surely have paid these fees had I known about them. This is my first corporate ownership and I was not made aware of any fees other than taxes. I received forms for paying corp. taxes, but I have never received anything that even mentioned fees. I have been in business at 2541 W. Tenn. St., Talla. since May 1996. I am sending a re-instatement fee, plus (2) years back fees. I would appreciate your rescinding the re-instatement portion and refunding it to Fox Motors.

Sincerely,



E. M. Adams / Pres.