

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUL 31 PM 3:11

DOCUMENT # **P96000030872**

1. Corporation Name

Select Auto Sales inc

2. Principal Office Address

3109 W. Tem. St

Suite, Apt. #, etc.

City & State

Tall FL

Zip

Country

32304

3. Mailing Office Address

PO Box 947

Suite, Apt. #, etc.

City & State

Havana FL

Zip

Country

32333

2000-2002 UBR

4. Date Incorporated or Qualified
To Do Business in Florida

4-9-96

5. FEI Number

59-3376286

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mitchell Smith

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

250 Smith creek rd.

Suite, Apt. #, Etc.

City

Havana

State

FL

Zip Code

32333

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-08/13/02--01023--001

*******458.75 *****458.75**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Mitchell Smith

Date **7-31-02**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Mitchell Smith	250 Smith creek rd	Havana FL 32333

10. 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:

Mitchell Smith

7-31-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

850-539-6583

Daytime Phone #

CR2E081 (9/01)

252

July 31, 2002

Secretary of State
State of Florida

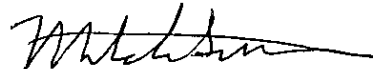
Division of Corporations
Re: Select Auto Sales, Inc.

To Whom It May Concern:

Due to the death of my mother, and the fact that I am a quadriplegic; and my mother was helping me regarding receipt and payment of my bills, I did not receive the Annual Report to fill out and turn in with the fee required for the above corporation.

If you require any further information, please do not hesitate to contact me at 850-539-6583.

Thank you.



Mitchell B. Smith
President
Select Auto Sales, Inc.