

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **996000065410**

FILED
98 AUG 11 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
KING KAR AUTO SALES, INC.

Principal Place of Business Mailing Address

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

2. New Principal Office Address, If Applicable 7046 Atlantic Blvd. Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida
City & State Jacksonville FL	City & State	5. FEI Number 59-3392668
Zip 32211	Country DUVAL	Applied For Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
P/T S/V/O	AMINE BADREDDINE	3044 PADDLE CRDR. #3A	JACKSONVILLE FL 32223
			800002618268--5 -08/18/98--01007--008 ****900.00 ****900.00

REINSTATEMENT ⁹⁷⁻⁹⁸ ₇₋₁₉ _{8/11/98}

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
	Name AMINE BADREDDINE
	Street Address (P.O. Box Number is Not Acceptable) 7046 Atlantic Blvd.
	Suite, Apt. #, Etc.
	City Jacksonville
	State FL
	Zip Code 32211

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: **8-10-98**

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: **AMINE BADREDDINE** **8-10-98** **904-727-7310**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR25040 (11-98)