

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000056732

1. Corporation Name

NEWPORT MOTOR COMPANY, INC.

Principal Place of Business

4877 INVERNES CT.
#103
PALM HARBOR, FL 34685

Mailing Address

4877 INVERNES CT.
#103
PALM HARBOR, FL 34685

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

4. Date Incorporated or Qualified
To Do Business in Florida

07/05/96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3387063

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	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	SHAWN BABA	4877 INVERNES CT., #103	PALM HARBOR, FL 34685

800003046248-7
-11/16/99-01090-014
****158.75 ****158.06

TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHAWN BABA
4877 INVERNES CT.
#103
PALM HARBOR, FL 34685

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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 11/2/99

11. This corporation owes 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

SHAWN BABA, PRESIDENT

Date

11/2/99

Daytime Phone #

**NEWPORT MOTOR COMPANY, INC.
4877 INVERNES CT., #103
PALM HARBOR, FL 34685
(727) 773-1560**

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November 1, 1999

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

To Whom It May Concern:

I am writing this letter as per our conversation on November 1, 1999. I found out today that the company Newport Motor Company, Inc. was dissolved. I called today and spoke with one of the operators and she said that the company was dissolved as of September 24, 1999. After careful research it indicates that the annual application was mailed to the wrong address. I have changed my address three times in the last year do to my divorce. I have never received any of the applications. The correct address is 4877 Invernes Ct., #103, Palm Harbor, FL 34685.

Enclosed I am sending a check for \$158.75 and the reinstatement application as you have requested. Please, update your files and send me a Certificate of Status.

If you have any questions please do not hesitate to call.

Sincerely,



Shawn Baba