| | | PLEASE | READ A | LL INST | RUCTIO | ONS BEF | ORE C | OMPLET | ING THIS FO | ORM. | | |
|---|------------------|------------------------------------|-------------------------|---|--|--------------------|--|--|------------------------------------|----------------------------|-------------------------------|------------------------|
| APPLICATIONS FORM FORM PENSTATEMENT | | | | | DA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | | | FILED | | | |
| DOCUMENT # P96000065665 1. Corporation Name | | | | | | | | 98 M/ | AY II AMII: | 53 | | |
| STADIUM AUTO SALES, INC. | | | | | | | SECR TALLA | ETARY OF ST HASSEE, FLO | ATE ORIDA | | | |
| Principal Place of Business 1/04 1480-TH ST W BRADENTON FL 34205 | | | | Mailing Address //C4 1420 8TH ST W BRADENTON FL 34205 | | | | REINSTATEMENT9798 | | | | |
| | | incorrect in an Address, If App | · | | | d enter correction | 1001011. | | | :NI | 1018 | 5 |
| Suite, Apt. #, etc. Suit | | | | Suite, Apt. #, | uite, Apt. #, etc. | | | 4. Date Incorporated or Qualified To Do Business in Florida 08/05/1996 SEE Number | | | | |
| City & State City of | | | | City & State | & State | | | | 069272 | 20 | 1 | lied For Applicable |
| Zip | | Country | | Zip | | Country | | F | E OF STATUS DESIRED | | Additional I a Certificate | |
| 7. Names and Street Addresses of Each Officer and/or Director (Florance of Officers and/or Directors and/or Directors 2 | | | | Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers) | | | | City / State / Zip | | | | |
| D | WHITTAKER, CECIL | | | | 1711 17TH ST W | | | PALMETTO FL 34221 | | | | |
| D | WHITTAKER, DOLLY | | | | 1711 17TH ST W | | | | PALMETTO FL 34221 | | | |
| D | GAYLORD, DAN | | | | 407 22ND ST W | | | BRADENTON FL 34205 | | | | |
| D | GAYLORD, BRENDA | | | | 407 22ND ST W | | | BRADENTON FL 34205 | | | | |
| | | | | | | | | | 400002526304 -05/15/9801120-108 | | | |
| | | | | | | | | | じてキキキャ | | ***** | 18. (5 5 |
| 8. Name and Address of Current Registered Agent | | | | | | Name | | 9. Name and | Address of New Reg | istered Ag | en | |
| PATRICK R. CUNNINGHAM, P.A. 3008 MANATEE AVE W | | | | | | Street | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| BRADENTON FL 34205 | | | | | | Sulte, | Sulte, Apt. #, Etc. | | | | | |
| | | | | | | City | | | | State FL | Zip Code | - |
| 10. I, being Signature of Registered | of | e registered eg | ent of the abov | unste | ent Must s | | ccept the ol | bligations of Sect | Date A | 1 25 | 3_1998 | 3 |
| | | | ves or ha I Property | | | | es 🖂 | No 🗌 | (See | other side i on Intangi | for information to the tax.) | on |
| | | | | | | | | | | | | |

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 filling 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:

The second second

The second secon

į.

Oberiff White Cecil Months for 4/30/98 941-955-0447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #