

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 # P96000072789

1. Corporation Name

HEADQUARTER LINCOLN-MERCURY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV 24 PM 11: 56

Principal Place of Business

5825 NW 167 STREET
MIAMI LAKES FL 33015

Mailing Address

5825 NW 167 STREET
MIAMI LAKES FL 33015



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

REINSTATEMENT 97

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/03/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-069 1433

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(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 |
|---------------|---|--|-------------------------|
| PD | ESTEVE, JERONIMO M | 5895 NW 167 STREET | MIAMI LAKES FL 33015 |
| VS | ESTEVE, YAZMIN | 5895 NW 167 STREET | MIAMI LAKES FL 33015 |
| D | CODINA, ARMANDO | 151 PALOMA DRIVE | CORAL GABLES FL 33156 |
| | | | |
| | | | |
| | | | |
| | | | |

600002356796--3
-11/25/97--01058--007
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STEELE & HANSON PA
150 W FLAGLER STREET STE 2850
MIAMI FL 33130

Name

PHILIP D. LYNCH

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

5825 NW 167th STREET

Suite, Apt. #, Etc.

City

MIAMI LAKES

State

FL

Zip Code

33015

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

Philip D. Lynch

REGISTERED AGENT MUST SIGN

Date

11/21/97

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)(j), 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

Philip D. Lynch

Date

11/21/97

Daytime Phone #

305-364 9900

CR20040 (8/97)