

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 23 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000075493**

1. Corporation Name

Motor City of Cape Coral, Inc

2. Principal Office Address

924 Del Prado Blvd

Suite, Apt. #, etc.

City & State

Cape Coral FL

Zip

33990

Country

USA

3. Mailing Office Address

924 Del Prado Blvd

Suite, Apt. #, etc.

City & State

Cape Coral FL

Zip

33990

Country

USA

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

9-11-96

5. FEI Number

65-0693372

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$875 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Lars Mansson

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

3613 Del Prado Blvd

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33990

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **3-15-04**

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
P.D	Lars Mansson	3613 Del Prado Blvd	Cape Coral FL 33904
V.D	Anders Mansson	3613 Del Prado Blvd	Cape Coral FL 33904
S	Marie Mansson	3613 Del Prado Blvd	Cape Coral FL 33904

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **Marie Mansson**

Date

3-15-04

Daytime Phone #

239-574-2900

CR2E081 (10/02)

Motor City of Cape Coral



924-A Del Prado Blvd. S ♦ Cape Coral, FL 33990
Phone 239-574-2900 ♦ Fax 239-574-1718

ATTENTION DIVISION OF CORPORATIONS,

MOTOR CITY OF CAPE CORAL HAS NOT RECEIVED ANY NOTICES FOR 2003 FROM THE DEPARTMENT OF STATE / DIVISIONS OF CORPORATIONS. I WOULD LIKE FOR THE LATE FEES TO BE WAIVED. IF YOU HAVE ANY QUESTIONS PLEASE CALL ME AT THE NUMBER ABOVE.

THANK YOU,



MARIE MANSSON
GENERAL MANAGER