

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 24 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000078406

1. Corporation Name

AUTO-MATE AUTOMOTIVE SALES, INC.

Principal Place of Business

4815 W ROBINSON ST
ORLANDO FL 32811
US

Mailing Address

2336 HIGH ST
WINTER PARK FL 32792
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

02-03



700015560947

04/09/03--01067--023 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

09/20/1996

5. FEI Number

59-3402704

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MALESEV, DOUGLAS M	1018 GALSWORTHY AVE	ORLANDO FL
VPS	HOMBERT, CHARLES	4815 W ROBINSON ST	ORLANDO FL 32811
PT	LAUGHLIN, KEVIN S	2336 HIGH ST	WINTER PARK FL

700015560947

04/09/03--01067--024 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAUGHLIN, KEVIN S
2336 HIGH STREET
WINTER PARK FL 32792

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Kevin S. Laughlin
Charles Humbert
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

4-17-03

4-2-03

11. 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)(l), 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:

Kevin S. Laughlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-2-03

CP2E040 (8/02)