

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine B. Harrell
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 19 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000084594**

1. Corporation Name

AUTO WHOLESALERS OF FWB, INC.

Principal Place of Business

44A NE EGLIN PARKWAY
FT. WALTON BEACH FL 32548

Mailing Address

44A NE EGLIN PARKWAY
FT. WALTON BEACH FL 32548

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/10/1996

5. FEI Number

59-3404667

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SHELTON, KEVIN H	44A NE EGLIN PARKWAY	FT. WALTON BEACH FL 32548

800003029878--2
-11/01/99--01007--003
****150.00 ****150.00

8. Name and Address of Current Registered Agent

SHELTON, TRACY M
44A NE EGLIN PARKWAY
FT. WALTON BEACH FL 32548

9. Name and Address of New Registered Agent

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.

Signature of Registered Agent

Tracy M Shelton

REGISTERED AGENT MUST SIGN

Date 10-13-99

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)(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

KE

10/13/99

Daytime Phone #

PLEASE ACCEPT THE ATTACHED PAYMENT FOR RENEWAL OF CORPORATION – AUTO
WHOLESALEERS OF FWB INC. DOCUMENT NUMBER P96000084594. THE CORPORATION
SHARES AN OFFICE WITH ANOTHER COMPANY AND THEREFORE HAS CHANGED ITS
MAILING ADDRESS TO 674 ST LUCIA COVE NICEVILLE FL. 32578. THIS IS THE FIRST
NOTICE WE HAVE RECEIVED CONCERNING ANY RENEWAL FOR THE CORPORATION AS OF
THIS YEAR.

PLEASE MAIL ANY CORRESPONDANCE TO THE NEW ADDRESS AS STATED IN THE
RENEWAL RETURNED.

KEVIN SHELTON
850-244-3800