

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION



FLORIDA DEPARTMENT OF STATE
 1977 AR
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED
 AND
 FILED

97 JUL 21 AM 8:39

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000097292

1. Corporation Name

SUNBELT AUTO SALES INC.
 2470 N. COUNTY ROAD 427
 LONGWOOD, FL 32750

Principal Place of Business

Mailing Address

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

4. Date Incorporated or Qualified
 To Do Business in Florida

11/25/96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3414204

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
P/O	GREGORY W. MCCLELLAN	809 SNALLOW BROOK AVE.	WINTER SPRINGS, FL 32700
			600002246816--3
			07/24/97-01079-012
			****165.00 ****165.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Greg McClellan

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

3820 N. CR 427

Suite, Apt. #, Etc.

City

Longwood

State

FL

Zip Code

32750

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

6/19/97

11. Does this corporation pay any intangible tax to the
 Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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: *x*

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/97

Date

407-321-2111

Daytime Phone #

CR2E040 (12/96)