

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APR 18 1997

DOCUMENT # P96000097977 **97-AR**  
1. Corporation Name  
**J & T AUTO SALES OF SOUTHWEST FLORIDA, INC.**

97 OCT 31 AM 11:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
1408 EIGHTH AVE. W. 1408 EIGHTH AVE. W.  
PALMETTO FL PALMETTO FL



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

|                                                                                         |  |                                                                                       |  |                                                                                                                      |  |
|-----------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------|--|
| 2. New Principal Office Address, If Applicable<br>1408 8TH AVE W<br>Suite, Apt. #, etc. |  | 3. New Mailing Office Address, If Applicable<br>1408 8TH AVE W<br>Suite, Apt. #, etc. |  | 4. Date Incorporated or Qualified To Do Business in Florida<br>12/04/1996                                            |  |
| City & State<br>PALMETTO FLORIDA                                                        |  | City & State<br>PALMETTO FLORIDA                                                      |  | 5. FEI Number<br>65-0736872                                                                                          |  |
| Zip<br>34221                                                                            |  | Country<br>MAQUATE                                                                    |  | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)                                                                                                                      | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip                                                |
| D                                                                                                                             | SALAS, JESS                       | 4033 PROAM AVE                                                                      | BRADENTON FL 34202                                                |
|                                                                                                                               |                                   |                                                                                     | 000002337220--4<br>-11/04/97--01025--008<br>****165.00 ****165.00 |
|                                                                                                                               |                                   |                                                                                     |                                                                   |
|                                                                                                                               |                                   |                                                                                     |                                                                   |
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|                                                                                                                               |                                   |                                                                                     |                                                                   |
|                                                                                                                               |                                   |                                                                                     |                                                                   |

| 8. Name and Address of Current Registered Agent           |  | 9. Name and Address of New Registered Agent                                                                    |  |
|-----------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------|--|
| CASWELL & HARRIS, P.A.<br>1215 N. PALM AVE<br>SARASOTA FL |  | Name<br>Street Address (P.O. Box Number Is Not Acceptable)<br>Suite, Apt. #, Etc.<br>City<br>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 *Jess Salas* REGISTERED AGENT MUST SIGN Date 10-27-97

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)(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: *Jess Salas* JESS SALAS 10-27-97 941-351-4444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (9/97)

Sir,

THIS IS THE FIRST TIME THAT WE  
HAVE RECEIVED ANY DOCUMENTS FROM  
ANY GOVERNMENT OFFICE, OTHER THAN OUR  
STATE SALES TAX, WE HAVE NO EMPLOYEES  
AND HAVE ONLY HAD ONE SALE IN THE  
LAST QUARTER (SALES TAX PAID TO STATE)

I NOTICED THAT THERE WAS AN ERROR  
IN OUR ADDRESS, WHICH I HAVE CORRECTED

THANK YOU AND PLEASE SEND US  
WHAT EVER IS NEEDED, AND WE WILL  
STAY CURRENT.

Thank you  
for help