

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
S. B. B. B.
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 NOV 19 AM 9:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000099372

1. Corporation Name

HORSELESS CARRIAGE RESTORATIONS, INC.

Principal Place of Business

2294 BRUNER LANE
UNIT 2
FORT MYERS FL 33912

Mailing Address

2294 BRUNER LANE
UNIT 2
FORT MYERS FL 33912

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

12/06/1996

5. FEI Number

65-0715168

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	LOW, DAVID R	10741 YELLOW RAIL CIRCLE- 4649 SIERRA LANE	ESTERO FL 33928 Bonita Springs FL 34134
SD	LOW, DAVID R	10741 YELLOW RAIL CIRCLE 4649 Sierra Lane	ESTERO FL 33928 Bonita Springs FL 34134
			800002353048-0 -11720797-01076-008 ****165.00 ****165.00

8. Name and Address of Current Registered Agent

LOW, DAVID R
10741 YELLOW RAIL CIRCLE
ESTERO FL 33928

9. Name and Address of New Registered Agent

Name

Low David R

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

4649 SIERRA LANE

Suite, Apt. #, Etc.

R

City

Bonita Springs

State

FL

Zip Code

34134

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

David R Low
REGISTERED AGENT MUST SIGN

Date

Oct 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David R Low Oct 27/97 941 437 9154