

8/19/02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.
FILED

01 MAY -4 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700002429

1. Corporation Name

ORMOND BEACH AUTO SALES, INC

W61000007161

2. Principal Office Address

539 N. OLEANDER AVE
DAYTONA BCH, FL 32117

Suite, Apt. #, etc.

3. Mailing Office Address

539 N. OLEANDER AVE
DAYTONA BCH, FL 32117

Suite, Apt. #, etc.

City & State

DAYTONA BCH, FL

Zip

32117

Country

USA

City & State

DAYTONA BCH, FL

Zip

32117

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

593417518

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SS.75. Application Fee: \$100.00
for a Certificate of Status

REINSTATEMENT 99-01

800004136158--7

SP

7. Name and Address of Current Registered Agent

Name

MICHAEL BRETZEL

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

539 N. OLEANDER AVE

Suite, Apt. #, Etc.

City

DAYTONA BEACH

State
FL

Zip Code

32117

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/18/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>PRES</u>	<u>MICHAEL BRETZEL</u>	<u>539 N. OLEANDER AVE</u>	<u>DAYTONA BCH, FL 32117</u>

10. 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 118.07(3)(f), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael R. Bretzel April 18, 01 386 4575784

Day

Daytime Phone #

CP/DE/ST (01/00)

18292



ACCOUNT NO. : 072100000032

REFERENCE : 133041 7268175

AUTHORIZATION : *Patricia Pigot*

COST LIMIT : \$ 1050.00

ORDER DATE : April 30, 2001

ORDER TIME : 9:58 AM

ORDER NO. : 133041-005

CUSTOMER NO: 7268175

CUSTOMER: Mr. Larry Ford
Mr. Larry Ford
661 Beville Road

Daytona Beach, FL 32119

RECEIVED
01 MAY -4 AM 10:41
DIVISION OF CORPORATION

DOMESTIC FILINGS

NAME: ORMOND BEACH AUTO SALES, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EXT: 1156
EXAMINER'S INITIALS _____