

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Kathryn Harris
DIVISION OF CORPORATIONS

DOCUMENT # P91000001003

1. Corporation Name

PREMIER AUTOS, INC.

FILED

99 MAR -1 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4815 NORTH COOLIDGE AVE B-1
TAMPA FL 33614

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

Suite, Apt. #, etc

Suite, Apt. #, etc

5. FEI Number

Applied For

City & State

City & State

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)

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
PRES.	MICHAEL M. HALL	4815 N. COOLIDGE AVE., B-1	TAMPA, FL 33614

400002796664--3
-03/05/99--01117--002
****300.00 ****300.00

4/8/99
3/11/99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MICHAEL M. HALL 4815 N. COOLIDGE AVE B-1 TAMPA, FL 33614	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc City State FL Zip Code
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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

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes 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 #

3/24/99

813-353-4207

12-07-98 10:33 FAX 813-787-5905

1202

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Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Premier Autos, Inc.

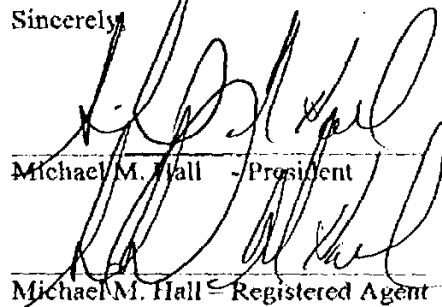
Dear Sir or Madam:

Enclosed you will find a check made payable to the Division of Corporations in the amount of \$150.00. Please accept the check and reinstate my corporation.

As the only officer of my small business corporation, I was not aware of the annual report filing requirement. Accordingly, I am requesting abatement of the reinstatement fee. I am sending to you my check, and the annual report.

If you have any questions with regard to the above, please do not hesitate to contact me.

Sincerely,



Michael M. Hall - President

Michael M. Hall - Registered Agent