

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
T. Douglas Martin
Secretary of State
DIVISION OF CORPORATIONS

FILED

Dec 14 1998 8:00am
Secretary of State

DOCUMENT # P97000013317

1. Corporation Name

LA GONAVE AUTO SALES & SERVICES INC.

Principal Place of Business

Mailing Address

1311 WEST PINE STREET
ORLANDO FL 32805

1311 WEST PINE STREET
ORLANDO FL 32805

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/11/1997

5. FEI Number

67-3432606

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	DERISMA, MATTHEW	1517 SCOTT STREET	ORLANDO FL 32809
D	CHARLES, YSMA D	1279 VICKERS LAKE DRIVE	OCOE FL 32761

200002724072--8

-12/29/98-01002-014

***150.00 ***150.00

B 12/17/98 AR

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHARLES, YSMA D
1279 VICKERS LAKE DRIVE
OCOE FL 32761

Name

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

Suite, Apt. #, Etc.

City

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

REGISTERED AGENT MUST SIGN

Date 11/24/98

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)(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/24/98

CR2E040 (9/98)

LAGONAVE AUTO SALES AND SERVICES INC.

• **Division Of Corporations
Annual Report / Reinstatement Section
P.O. Box 6237
Tallahassee Florida 32314-6327**

To Whom It May Concern :

**PLEASE BE ADVISED THAT LAGONAVE AUTO SALES AND SERVICES INC.
NEVER RECEIVED ANY PREVIOUS ANNUAL REPORT NOTICES. THEREFORE, I
AM REQUESTING THAT YOU WAIVE THE LATE FEE. I WOULD APPRECIATE
ANY HELP THAT YOU CAN GIVE ME IN TIHS MATTER.**

**ALSO, I AM RETURNING MY CHECK AND YOUR MEMO OF DECEMBER 3, 1998.
PLUS MY ANNUAL REPORT. THANKS AGAIN FOR YOUR HELP.**

SINCERELY,


YSMA CHARLES

**1311 PINE STREET ORLANDO FL.
TELE NO. (407) 872-1155 FAX NO. (407) 872-4118**