

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P97000013810**

1. Corporation Name

Autovision Enterprises, Inc.

Principal Place of Business

Mailing Address

**8126 U.S. Highway 98 North
Lakeland, Florida 33809**

Same

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

2. New Principal Office Address, If Applicable

8126 U.S. Highway 98 North

Suite, Apt. #, etc

3. New Mailing Office Address, If Applicable

Same

Suite, Apt. #, etc

City & State

Lakeland, Florida

Zip

33809

Country

USA

City & State

Zip

Country

FILED

99 MAY 12 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

2/11/97

5. FEI Number

15-1807852

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
DPST	Chris Vitito	1618 Sherwood Lakes Blvd.	Lakeland, FL 33809

*****2886425--9
05/25/99--01084--013
*****900.00 *****900.00

8. Name and Address of Current Registered Agent

**Jean Smith
205 Complex Drive
Lakeland, FL 33801**

9. Name and Address of New Registered Agent

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

Jean Smith, Jean Smith, R.A.
REGISTERED AGENT MUST SIGN

5/10/99
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

, Chris Vitito, D.P.S.T.

5/10/99

Date

941/815-2999

Daytime Phone #

CR2E081 (12/98)