

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 16 AM 8:00

DOCUMENT # P97000014807

1. Corporation Name

STUART AUTO / AC INC

REINSTATEMENT 03-04

000039239500

07/16/04--01021--001 **700.00

7/23/03 90061 029 X150.00

2. Principal Office Address

3233 SE DOMINICA

Suite, Apt. #, etc.

TELE

City & State

STUART FLA

Zip

34997

Country

USA

3. Mailing Office Address

3233 SE DOMINICA

Suite, Apt. #, etc.

TELE

City & State

STUART FLA

Zip

34997

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0751956

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOE STANGARONE

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

3233 SE DOMINICA

Suite, Apt. #, Etc.

TELE

City

STUART

State
FL

Zip Code

34997

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Joe Stangarone

REGISTERED AGENT MUST SIGN

Date 6-30-04

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
PRES	JOE STANGARONE	3233 SE DOMINICA, TELE	STUART FLA 34997

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 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:

Joe Stangarone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

772 286-6368
6-30-04 772-286-6368

Date

Daytime Phone #

CR-2001 (01/04)