

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000016906

1. Corporation Name

WILSON AUTO SALES & SALVAGE, INC.

Principal Place of Business

Mailing Address

13920 S R 574
DOVER FL 33527
US

P.O. BOX 773
DOVER FL 33527

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

02/18/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3427524

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	City / State / Zip
1	2	3	4
DP	WILSON, CHARLES	3517 BETHLEHEM ROAD	DOVER FL 33527
DBM D	WORTHINGTON, DAVID	P.O. BOX 2388	BRANDON FL 33509
DBM DV	GRIMES, TARYN L (last name) Angel Lockett	215 WILDER RD 1107 Shannon Ave	PLANT CITY FL 33566 Plant City FL 33566
			600004960676--1
			-02/20/02--01047--020
			****900.00 ****900.00
			LS

8. Name and Address of Current Registered Agent

WILSON, CHARLES
13920 S.R. 574
DOVER FL 33527

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

Charles Wilson

3517 Bethlehem Rd

Dover

State
FL

Zip Code
33527

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

SIGNATURE REQUIRED

Date 10-10-01

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-01

Date

Daytime Phone #

FILED

02 FEB 11 AM 9:10

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

01-02

CR2E040 (8/01)