

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Morris**  
Secretary of State  
DIVISION OF CORPORATIONS

①

DOCUMENT # **97000022377**

1. Corporation Name  
**Auto Pro Car Care Center, Inc.**

FILED  
00 JAN -3 PM 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**2201 N. Ponce de Leon Blvd.  
St. Augustine, FL 32084**

Mailing Address  
**2201 N. Ponce de Leon Blvd.  
St. Augustine, FL 32084**

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 <b>3-12-97</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-3432325</b>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<del>DP</del>	<del>Manuel Gomez</del>	<del>1605 Bayhawk Lane</del>	<del>St. Augustine, FL 32086</del>
DP	LORENZO R. BENNASAR	1730 LIGHTSEY ROAD	ST. AUGUSTINE, FL 32086
S	ANNETTE M. BENNASAR	1730 LIGHTSEY ROAD	ST. AUGUSTINE, FL 32086

200003096842--2  
-01/13/00--01003--003  
\*\*\*\*150.00 \*\*\*\*150.00  
SP

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Charles E. Pellicer 28 Cordova Street St. Augustine, FL 32084		Name <b>LORENZO R. BENNASAR</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>2201 N. PONCE DE LEON BLVD</b>	
		Suite, Apt. #, Etc.	
		City <b>ST. AUGUSTINE</b>	State <b>FL</b>
		Zip Code <b>32084</b>	

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 Date **12-27-97**

REGISTERED AGENT MUST SIGN

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: 12-27-97 (904) 808-7300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2

December 27, 1999

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 3214

To Whom it may concern:

This letter is to request waiver of the penalty for filing the corporation renewal late.

I have had the responsibility of managing Auto Pro Car Care Center in the past year. I was not aware that you have to file this document every year. During this past year we have had a lot of problems with our mail. I honestly did not get that form and because of my inexperience, I did not call to request a duplicate form.

I would appreciate your help in this matter. We are a very small company going thru a slow season and at this time this would be an overwhelming penalty.

Thanking you in advance for your help in this matter, I remain

Yours Truly



Lorenzo R. Bennasar