

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000031523

1. Corporation Name

SENSIBLE AUTOMOTIVE, INC.

Principal Place of Business

Mailing Address

3705 COPPERTREE CIRCLE
BRANDON FL 33511

3705 COPPERTREE CIRCLE
BRANDON FL 33511

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

2. New Principal Office Address, If Applicable

5007 DENVER ST

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33619

Country

HILLS

3. New Mailing Office Address, If Applicable

5007 DENVER ST.

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33619

Country

HILLS

4. Date Incorporated or Qualified
To Do Business in Florida

04/07/1997

5. FEI Number

59-3567954

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	FRUEH, HENRY M	3321 KING CHARLES CIR	SEFFNER FL 33584
D	STEBBINS, CHRISTOPHER M	3705 COPPERTREE CIRCLE	BRANDON FL 33511

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STEBBINS, CHRISTOPHER M
3705 COPPERTREE CIRCLE
BRANDON FL 33511

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 4/15/99

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)(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: CHRISTOPHER M. STEBBINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 15, 1999

813-241-9816

Date Daytime Phone

CR2E040 (9/98)