

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 21 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000034879

1. Corporation Name

SOUTHEAST AUTO WHOLESALE, INC.

Principal Place of Business

Mailing Address

2426 CEDARCREST PLACE
VALRICO FL 33594

2426 CEDARCREST PLACE
VALRICO FL 33594

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

2076 17th
Suite, Apt. #, etc.

2076 17th
Suite, Apt. #, etc.

City & State

City & State

Sarasota FL

Sarasota FL

Zip 34234

Country USA

Zip 34234

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/18/1997

5. FEI Number

63-0745481

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)

| 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 |
|---------------|---|--|-------------------------|
| PSTD | BAUER, BRADFORD L | 2426 CEDARCREST PLACE | VALRICO FL 33594 |
| | | 2726 Silverking Way | Sarasota FL 34231 |
| | | | 500002724315-8 |
| | | | 12/29/98 01016 002 |
| | | | ***750.00 ***750.00 |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

Robert M Rosen

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

2107A 63rd Ave E

Suite, Apt. #, Etc.

City

Bradenton

State

Zip Code

FL

34203

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 12/10/98

REGISTERED AGENT MUST SIGN

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:

~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/98 (941) 374-1315

Date

Daytime Phone #