

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JUL 22 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000038130

1. Corporation Name

MAIN STREET AUTOMOTIVE CENTER, INC.

2. Principal Office Address - No P.O. Box #

1858 MAIN STREET

Suite, Apt. #, etc.

3. Mailing Office Address

1858 MAIN STREET

Suite, Apt. #, etc.

City & State

SARASOTA FL

Zip

Country

34236

US

City & State

SARASOTA FL

Zip

Country

34236

US

REINSTATEMENT 10-11

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

APRIL 28, 1997

5. FEI Number

65-0759403

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

BRENDA ESSER

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

1858 MAIN STREET

Suite, Apt. #, Etc.

SARASOTA

State

FL

Zip Code

34236

600210296516
07/22/11--01041--015 **908.75

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

Brenda Esser

REGISTERED AGENT MUST SIGN

Date July 19, 2011

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	BRENDA ESSER	1858 MAIN STREET	SARASOTA, FL 34236
VP	GARY ESSER	1858 MAIN STREET	SARASOTA, FL 34236
SEC	TIMOTHY ESSER	1858 MAIN STREET	SARASOTA, FL 34236
TRES			

10. E-mail Address: NA

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Brenda Esser BRENDA ESSER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 19, 2011 9413661942

Date

Daytime Phone #

7/25/20