

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR -1 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000043863

1. Corporation Name

SHOW CAR INTERIORS, INC.

Principal Place of Business

Mailing Address

1945 SUNSET PT RD
CLEARWATER FL 33765

1945 SUNSET PT RD
CLEARWATER FL 33765



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/14/1997

5. FEI Number

59-3453552

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	4 City / State / Zip
P	HEIDENREICH, EDWARD A	1945 SUNSET FT. RD.	CLEARWATER FL 33765
VP	CROSS, TOMMY W	1945 SUNSET FT. RD.	CLEARWATER FL 33765

100009793191
01/02/03--01079--020 **\$600.00

100009793191
04/01/03--01044--013 **\$300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CULBERTSON, THEODORE R
1172 BROWNELL ST
CLEARWATER, FL 34615

Name
✓ EDWARD A. HEIDENREICH
Street Address (P.O. Box Number is Not Acceptable)
✓ 1945 SUNSET POINT RD.
Suite, Apt. #, Etc.
✓ SUITE A
City
✓ CLEARWATER
State
FL
Zip Code
✓ 33765

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

Dec. 30, 2002

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

Date

Daytime Phone #

DEC. 30, 2002 (727) 461-6112