

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAY 17 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000051237

1. Corporation Name

Carmart Automobile Dealerships of America, Inc.
d/b/a AUTOVALUE

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

6229 Greenwich Drive

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33647

Country

USA

3. New Mailing Office Address, If Applicable

AUTOVALUE

Suite, Apt. #, etc.

PMB 185-16057 Tampa Palms Blvd W.

City & State

Tampa, Florida

Zip

33647

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

6/19/97

5. FEI Number

59-3473686

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 |
|---------------|--|--|-------------------------|
| D, P, S, T | Don Diamond | 6229 Greenwich Drive | Tampa, Florida 33647 |
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*****900.00 *****900.00

8. Name and Address of Current Registered Agent

Don DeCort, Esq.
Holcomb & DeCort, P.A.
415 S. Hyde Park Avenue
Tampa, Florida 33606

9. Name and Address of New Registered Agent

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

Don DeCort

REGISTERED AGENT MUST SIGN

Date 5-12-99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

971-7688

Daytime Phone #

CR2E081 (12/98)

5/24/99