

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

99 OCT -4 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000056252

1. Corporation Name

COURTESY AUTO SUPPLY, INC.

Principal Place of Business

Mailing Address

227 WEST 23 STREET
HIALEAH FL 33010

227 WEST 23 STREET
HIALEAH FL 33010

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

REINSTATEMENT 98-0910

4. Date Incorporated or Qualified
To Do Business in Florida

06/26/1997

5. FEI Number

65-0763896

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
PSD	TAVARES, CECILIO P.	227 WEST 23 STREET	HIALEAH FL 33010
V	TAVARES, Cecil P.	227 West 23 Street	Hialeah FL 33010
V	TAVARES, David A.	227 West 23 Street	Hialeah FL 33010

700003007477--0
-10/06/99--01062--016
***300.00 ***900.00

8. Name and Address of Current Registered Agent

TAVARES, CECILIO
227 WEST 23 STREET
HIALEAH FL 33010

9. Name and Address of New Registered Agent

Name
David TAVARES
Street Address (P.O. Box Number is Not Acceptable)
227 West 23 Street
Suite, Apt. #, Etc.

City
Hialeah F
State
FL
Zip Code
33010

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

David P. TAVARES

REGISTERED AGENT MUST SIGN

Date 9/29/99

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)(l), 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.

KE

SIGNATURE:

David P. TAVARES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/29/99 305 887-3337

CR2040 (9/98)