

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 29 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000059874

1. Corporation Name

D & G AUTO BROKERS, INC.

Principal Place of Business

~~5131 OLD WINTER GARDEN RD.~~
ORLANDO FL 32811

Mailing Address

~~5131 OLD WINTER GARDEN RD.~~
ORLANDO FL 32811



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

REINSTATEMENT

2. New Principal Office Address, If Applicable

~~4104 Old Winter Garden Rd.~~
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~4104 Old Winter Garden Rd.~~
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

07/07/1997

5. FEI Number

59-3458555

Applied For

Not Applicable

City & State

Orlando Florida

City & State

Orlando Florida

Zip

32805

Country

USA

Zip

32805

Country

USA

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
DP	GLIDEWELL, DAVID R	5131 OLD WINTER GARDEN RD. 5995 Albeth Rd	ORLANDO FL 32811 32810

400008642784
10/29/02--01019--025 **750.00

8. Name and Address of Current Registered Agent

GLIDEWELL, DAVID R

~~5131 OLD WINTER GARDEN RD.~~ 5995 Albeth Rd.
ORLANDO FL 32811 32810

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

CR2EQ40 (8/02)

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

10-23-02

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

10-23-02

Date

407-298-6074

Daytime Phone #