

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000071018

1. Corporation Name

VICTORY FORD LINCOLN MERCURY, INC.

Principal Place of Business

1402 LAFAYETTE PKWY
LAGRANGE GA 30241
US

Mailing Address

1402 LAFAYETTE PKWY
LAGRANGE GA 30241
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/15/1997

5. FEI Number

59-3469624

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PS	HERZOG, JAY	1402 LAFAYETTE PKWY	LAGRANGE GA 30241
VPT	OSMAN, VICTOR	3600 HIDEAWAY LANE	MELBOURNE FL 32934

200003038992--6
-11/03/93--01012--010
****750.00 ****750.00

REINSTATEMENT 99 1 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ORNSTEIN, MARK L
940 HIGHLAND AVENUE
ORLANDO FL 32803

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

REGISTERED AGENT MUST SIGN

Date

10.26.99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/99

706-

862-1401

Daytime Phone #