PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPLICATION 99 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State REINSTATEMENT QF CORPORATIONS DOCUMENT #P970000918 FILED ** JMI 22 MI 9: 35 1. Corporation Name LATA STATE STATE F. FLORIDA CHROME EXPRESS, INC. Principal Place of Rusiness Mailing Address 34736 Missionary Road PO Box 1327 Dade City, FL 33525 Dade City, FL 33526-1327 If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Mailing Office Address, If Applicable PO Box 1327 2. New Principal Office Address, If Applicable 34736 Missionary Road Date Incorporated or Qualified To Do Business in Florida 10-27-97 5 EEL Number Applied For City & State Dade City, FL City & State
Dade City, FL 59-3477869 Not Applicable Country Pasco Country Pasco \$8.75 Additional Fee required for a Certificate of Status 33525 33526-1327 CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors Title(s) City / State / Zip Pres. Kenneth Wayne Lindsay, Jr. 34736 Missionary Road Dade City, FL 33525 Dir. 700002757877--5 -01/29/99--01005--004 ****900.00 ****900.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Kenneth Wayne Lindsay, Street Address (P.O. Box Number is Not Accep 34736 Missionary Road Charlie Luckie, Jr. 38056 Meridian Avenue Dade City, FL 33523 Suite, Apt. #, Etc. State | Zip Code Dade City FL 33525 ration, am familiar with and accept the obligations of Section 607,0505, F.S. 10. I, being appointed the registered agent of the above named core Date 1-20-99 Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. This corporation owes the current year (See other side for information on intangible tax.) Yes 🖾 No 🗆 Intangible Personal Property Tax due June 30. 12.1 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 352-567-5161 SIGNATURE: Daytime Phone #