

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000094851

1. Corporation Name

ALMOST NEW USED CARS, INC.

Principal Place of Business

Mailing Address

1730 SOUTH FEDERAL HIGHWAY
SUITE 290
DELRAY BEACH FL 33483

1730 SOUTH FEDERAL HIGHWAY
SUITE 290
DELRAY BEACH FL 33483

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/04/1997

5. FEI Number

65-0801355

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	MORINO, SOPHIE	134 OAKRIDGE J	DEERFIELD BEACH FL 33442
D	MORINO, NICHOLAS	379 NW 35TH PLACE	BOCA RATON FL 33431
D	CALDERON, FRANCISCO	8028 BOCA RIO DRIVE	BOCA RATON FL 33433
			500002716895--9
			12/18/98 01111-021
			****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CURRIER, LEWIS W III
3505 WEST ATLANTIC BLVD
SUITE 806
POMPANO BEACH FL 33069

Name
CURRIER LEWIS W III
Street Address (P.O. Box Number is Not Acceptable)
5801 NW 87th LANE
Suite, Apt. #, Etc.
AMARAC FL
City
AMARAC

State

Zip Code

FL

33521-4445

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

[Signature] **REQUIRED**

REGISTERED AGENT MUST SIGN

Date

12/11/98

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)(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 ZIPPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-11-98 564-487-9308

Daytime Phone #