| CORPORATION REINSTATEMENT Secretary of State DOCUMENT # PODO DOS 3 8 1. Corporation Name BEILER'S AUTO SALES, INC. 2. Principal office Address 5820 Palmer Blvd., Unit B 5820 Palmer Blvd., Unit B Suite, Agr. # de Sarasota, FI 34232 Sarasota City & State City | PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. | | | | |
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| SECRETARY OF STATE 1. Corporation Name BEILER'S AUTO SALES, INC. 2. Penopyal Office Address BEILER'S AUTO SALES, INC. 3. Mailing Office Address 5820 Palmer Blvd., Unit B 5820 Palmer Blvd., Unit B Suite, Apr. Rec. Sarasota, FL 34232 Cly & State T. Name and Address of Current Registered Agent Name John Z. Beiler Street Address of D. Box Number is Not Acceptable) 5820 Palmer Blvd., Unit B Suite, Apr. Rec. Street Address of D. Box Number is Not Acceptable) State Apr. Rec. Street Address of D. Box Number is Not Acceptable) State Apr. Rec. Street Address of D. Box Number is Not Acceptable) State Apr. Rec. Street Address of D. Box Number is Not Acceptable) FL 34232 8. I. being appointed the registered Agent Reconstruction, an Immitter with and accept the obligations of sacretor 607.0505 or 617.0505, F.S. Street Addresses of Each Officer and/or Deceder (Figrida norports corporations must list at least 3 directions) 9. Names and Street Addresses of Each Officer and/or Deceder (Figrida norports corporations must list at least 3 directions) Titles Ones Sarasota, FL 34232 10. Learning that I man officer or director or the receiver or studies empowered to execute this application as provided for in chapter 607 or 617, F.S. I further cortify that wherefilling over the corporation have been paid and the administration of more administration of section 607.0610 or 617.001, F.S. In at 8 feet over the corporation have been paid and the administration of execute this application as provided for in chapter 607 or 617, F.S. I further cortify that wherefilling over the corporation have been paid and the administration of more administration of section 607.0610 or 617.001, F.S. In at 8 feet over the corporation have been paid and the administration of the corporation have been paid and the administration of the corporation have been paid and the administration of the corporation have been paid and the administration of the corporation have been paid an | REINSTATEMENT | Katherine Secretary | FILED | | |
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| Sulte, Apt #, etc. Sulte, | BEILER'S AUTO SALES, INC. | | | | |
| City & State Country 34232 Country 34232 Country 34232 Country 7. Name and Address of Current Registered Agent Name John Z. Beiler Street Address (P.O. Box Number is Not Acceptable) Salte, Apt. #, Etc. Suite, Apt. #, Etc. Suite, Apt. #, Etc. Suite, Apt. #, Etc. Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Annuary Registered Agent Registered | 5820 Palmer Blvd., Unit B | 5820 Palmer Bl | REINSTATEVIEWITEOU | | |
| 34232 Sarasota 34232 Sarasota 6. CERTIFICATE OF STATUS DESIRED 55.15 Additional Few requirements of a Certificate of Status 7. Name and Address of Current Registered Agent Name | | | | To Do Business in Florida January 1, 1998 5. FEI Number Applied For | |
| Street Addresse (P.O. Box Number is Not Acceptable) 5820 Palmer Blvd., Unit B Suite, Apt. #, Etc. Sarasota Signature of Registered Agent PREGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Directors Officers and/or Directors Officers and/or Directors Officers and/or Directors State Agent State Agent State Agent Age | , - | 1 ' | = | 6. \$8.75 Additional Fee required | |
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| Street Address (P.O. Box Number is Not Acceptable) 5820 Palmer Blvd., Unit B 61.25 - AC Suite, Apt. #, Etc. City Sarasota 8. 1. being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officer and/or Director City / State / Zip P, D John Z. Beiler 5820 Palmer Blvd., Unit B Sarasota, FL 34232 10. Learnify 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 conflity 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 corporate name satisfies the requirements of section 607.0401 or 617,0401, F.S., that all fees owed by the corporate name satisfies the requirements of section 607.0401 or 617,0401, F.S., that all fees owed by the corporate name satisfies the requirements of section 607.0401 or 617,0401, F.S., that all fees | John Z. Beiler | | | 105000-Adm | |
| Suite, Apt. #, Etc. Sarasota State Zip Code Zip Co | 5820 Palmer Blv | . , | | | |
| Sarasota 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503. F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director (Difficer and/or Director D | Suite, Apt. #, Etc. | | | | |
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| Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip P, D John Z. Beiler 5820 Palmer Blvd., Unit B Sarasota, FL 34232 60005763436-006 ****1200-00 ****1200-00 ****1200-00 ****1200-00 ****1200-00 ****1200-00 ****1200-00 ****1200-00 ****1200-00 ****1200-00 ****1200-00 ****1200-00 ****1200-00 ****1200-00 ****1200-00 ****1200-00 ****1200-00 ****1200-00 ****1200-00 ****1200-00 ****1200-00 ****1200-00 ****1200-00 ****1200-00 ****1200-00 ****1200-00 ****1200-00 ****1200-00 ****1200-00 ****1200-00 ****1200-00 ****1200-00 ****1200-00 ****1200-00 ****1200-00 ****1200-00 ****1200-00 ****1200-00 ****1200-00 ****1200-00 *****1200-00 *****1200-00 *****1200-00 *****1200-00 ******1200-00 *****1200-00 ******1200-00 *****1200-00 ******************************** | Signature of Registered Agent | il | | (21/2 | |
| Officer and/or Directors Officer and/or Director Officer and/or Director Officer and/or Director Officer and/or Director Director Officer and/or Director Sarasota, FL 34232 Sarasota, FL 34232 Director of Director of Director of Director of Director of 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, O401 or 617, D401, 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 607, O401 or 617, D401, F.S., that all fees | | /or Director (Florida nonprofit | * | | |
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| SIGNATURE: John Z. Beiler Signature and account of the signature state legal effect as it made under oath. SIGNATURE: John Z. Beiler Signature and Tiped or Printed Name of Signing Officer or Director | owed by the corporation have been paid and the na on this application is true and accurate, and my sign SIGNATURE: | judion has been eliminated, the lames of individuals listed on the gnature shall have the same leg | ne corporate name satisfies: this form do not qualify for a egal effect as if made under | s the requirements of section 607.0401 or 617.0401, F.S., that all fees | |