

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Sam Northam**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

99 JAN 28 AM 11:23

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P97000105244**

1. Corporation Name

**VEHICLE SUPPLY SERVICE INC.**

Principal Place of Business Mailing Address  
**505 SHERRILL N. 505 SHERRILL N.**  
**TAMPA FL 33609 TAMPA FL 33609**



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 |         | 4. Date Incorporated or Qualified To Do Business in Florida       |
| Suite, Apt. #, etc.                                       |         | Suite, Apt. #, etc.                          |         | 12/15/1997  |
| City & State  |         | City & State                                 |         | 5. FEI Number<br><b>54-3487483</b>                                |
| Zip   | Country | Zip  | Country | Applied For<br>Not Applicable                                     |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> |         |  |         | <b>\$8.75 Additional Fee required for a Certificate of Status</b> |

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
|----------|-----------------------------------|---|--------------------|
| Pres.    | LOUIS W SPIRO                     | 3903 VENETIAN WAY   | TAMPA, FLA. 33623  |
|          |                                   |   |                    |
|          |                                   |   |                    |
|          |                                   |   |                    |
|          |                                   |   |                    |
|          |                                   |   |                    |

000002766900--1  
 -02/08/99--01013--007  
 \*\*\*\*300.00 \*\*\*\*300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

|   |  |  |  |
|---|--|--|--|
| SPIRO, LOUIS<br>3903 VENETIAN WAY<br>TAMPA FL 33634 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, Etc.<br>City<br>State<br>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 *[Signature]*  
 REGISTERED AGENT MUST SIGN

Date **11/12/98**

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11-12-98 813-286-1633**

CR2E04C (9/98)

## ***VEHICLE SUPPLY SERVICES, INC.***

*The Source*

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November 12, 1998

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Gentlemen:

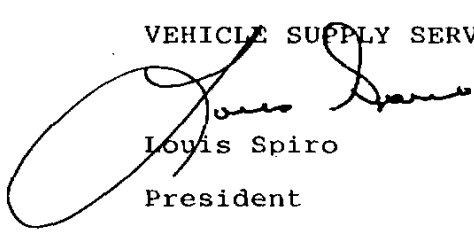
Re: Document # P97000105244

Please be advised that we did not receive notices  
that this report was due.

Enclosed please find our completed reinstatement  
application along with our check for \$ 150.00.  
Should you need any additional information please contact  
me. Thank you.

Very truly yours,

VEHICLE SUPPLY SERVICES, INC.



Louis Spiro

President

LS:sb