

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

P-5
10/25/02APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 17 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000105661

1. Corporation Name

JIM SMITH AUTO, INC.

Principal Place of Business

555 NE 42ND ST
OAKLAND PARK FL 33334
US

Mailing Address

555 NE 42ND ST
OAKLAND PARK FL 33334
US

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

2. New Principal Office Address, If Applicable

547-NE 42 ST
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

547-NE 42 ST.
Suite, Apt. #, etc.4. Date Incorporated or Qualified
To Do Business in Florida

12/15/1997

5. FEI Number

08-5547882

Applied For

Not Applicable

City & State

OAKLAND PK FL

City & State

OAKLAND PARK FL

Zip

33334

County

BROWARD

Zip

33334

Country

U.S.A.

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	4 City / State / Zip
OPD	SMITH, JAMES J JR	555 NE 42ND ST	OAKLAND PARK FL 33334

600008638156

10/28/02-01133-005 **150.00

8. Name and Address of Current Registered Agent

SMITH, JAMES J JR
555 NE 42ND ST
OAKLAND PARK FL 33334

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

 REGISTERED AGENT MUST SIGN

Date

10/25/02

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

 10/25/02 (954)
 630-8080

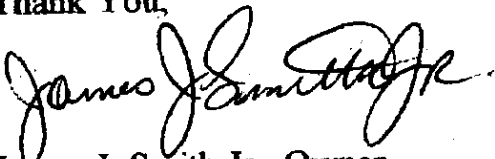
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To Whom It May Concern:

10/25/02

The address of my business has changed and I did not receive any renewals. Please accept my apology in this matter. I thought I notified all concerned licensing facilities on this matter.
Enclosed find my check for \$150.00 renewal.

Thank You,



James J. Smith Jr., Owner
Jim Smith Auto, Inc.
547 N.E. 42nd Street
Oakland Park, Florida 33334
(954) 630-8080

FAX TO: FLORIDA DEPT. OF STATE

ATTN: MICHELE

PHONE NUMBER: 850-245-6017

MICHELE,

Please note I just realized this ay be my error, I never noticed there was a different box (#3) to fill for the mailing address. Please note that the principal address and the mailing address are the same. My apologizes to Mr. Shivers for thinking the error was an oversight on his part. Please help me to revise and correct this situation.

Thank you,

Jim Smith

Jim Smith Auto Inc.
547 N.E. 42 ST.
OAKLAND PARK, FL. 33334
954 630-8080

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