

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 DEC 21 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000106988

1. Corporation Name

AUTORUDA OF OCOEE, INC.

Principal Place of Business

10810 W. Colonial Dr
497 EMORY OAK STREET
OCOEE FL 34761

Mailing Address

497 EMORY OAK STREET
OCOEE FL 34761

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

2. New Principal Office Address, If Applicable

10810 W. Colonial Dr.

Suite, Apt. #, etc.

OCOEE FL

City & State

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

34761

Country

Orange

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/1997

5. FEI Number

59-3482727

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
PSD	SANTMAN, DAVID S	497 EMORY OAK STREET	OCOEE FL 34761
			000002725260--0
			-12/29/98-01074-022
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

DAVID SANTMAN

Street Address (P.O. Box Number is Not Acceptable)

497 EMORY OAK ST

Suite, Apt. #, Etc.

City

OCOEE

State

FL

Zip Code

34761

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

DAVID SANTMAN
REGISTERED AGENT MUST SIGN

Date 12-7-98

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:

DAVID SANTMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/7/98
Date

4078770770
Daytime Phone #

CR2040 (9/98)