

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 NOV 13 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000027354

1. Corporation Name

CAR NATION OF CLEARWATER, INC.

Principal Place of Business

1551
1551 SOUTH MISSOURI AVENUE
CLEARWATER FL 33756

Mailing Address

1551
1551 SOUTH MISSOURI AVENUE
CLEARWATER FL 33756



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

03/23/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3526561

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
DP	CALDERON, MARCO	1553 SOUTH MISSOURI AVENUE	CLEARWATER FL 33756

500003488499--D
-12/06/00--01005--006
****150.00 ****150.00

DD UBR

8. Name and Address of Current Registered Agent

CALDERON, MARCO
1553 SOUTH MISSOURI AVENUE
CLEARWATER FL 33756

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11-7-00

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCO CALDERON 11-7-00

Date

Daytime Phone #

CR20040 (800)

P98000027354

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**MARCO CALDERON
CAR NATION OF CLEARWATER, INC.
1553 SOUTH MISSOURI AVENUE
CLEARWATER, FL 33756**

November 2, 2000

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sirs:

Please find enclosed my check for \$150.00 for the corporate annual fee.

I did not receive the original form and as a small business owner was not aware that this form was to be filed nor of the annual fee due.

I respectfully ask that you accept the \$150.00 to reinstate my corporation.

Sincerely,



Marco Calderon
Car Nation of Clearwater, Inc.