

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 NOV 14 PM 3:39

DOCUMENT # P98000027497

1. Corporation Name

HWY MOTORS INC

2. Principal Office Address

2260 SW 135 ST

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Ocala FL

City & State

Zip

34473

Country

USA

Zip

Country

**REINSTATEMENT 01-03**

4/30/03 0119 003 A1,050.00

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

MARIO BURGOS

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

165 MARION OAKS LN

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34473

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11-13-03

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	City / State / Zip
P	<u>MARIO BURGOS</u> <u>PRESIDENT</u>	<u>2260 S.E. 135th St.</u>	<u>Ocala, FL 34473</u>
VP	<u>FRANCIS BURGOS</u>	<u>Same</u>	
SEC	<u>CHAROL BURGOS</u>	<u>Same</u>	

10. 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

11-13-03

Date

Daytime Phone #

CR2E081 (10/02)