

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P98000029570**

1. Corporation Name

**MARK'S AUTOMOTIVE, INC.**

Principal Place of Business

Mailing Address

200 SW 6TH STREET  
POMPANO BEACH FL 33060

200 SW 6TH STREET  
POMPANO BEACH FL 33060

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/30/1998

5. FEI Number

65-0842941

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	4 City / State / Zip
DP	NOVAK, MARK A	1120 N.E. 24TH ST.	POMPANO BEACH FL 33064
DP	COVAR, TEMMIE	1120 N.E. 24TH ST.	POMPANO BEACH FL 33064

200030507602  
03/16/04 01026 022 \*\*750.00

200030507602  
03/16/04--01026--023 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COVAR, TEMMIE  
1120 N.E. 24TH ST.  
POMPANO BEACH FL 33064

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

*Temmie Covar*  
**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 2-9-04

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:

*Temmie Covar*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-9-04

Daytime Phone #

954  
941-3575

FILED

04 MAR 16 AM 7:49

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



REINSTATEMENT 03-04

CR26040 (7/03)