

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION FOR REINSTATEMENT**

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

FILED

01 NOV 16 PM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000029809

1. Corporation Name

SIDONIE'S AUTO SALON INC.

Principal Place of Business

Mailing Address

1842 NW 38TH AVE BAY 19  
FORT LAUDERDALE FL 33313

1842 NW 38TH AVE BAY 19  
FORT LAUDERDALE FL 33313

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

03/30/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0821849

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
P	ELLIOTT, DESMOND H	491 NW 44TH AVE	PLANTATION FL 33317

600004733066--1  
-12/19/01--01056--019  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ELLIOTT, DERRICK H  
3083 NW 26TH ST  
LAUDERDALE LAKES FL 33311

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

Date

REGISTERED AGENT MUST SIGN

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

Date

Daytime Phone #

242

OCTOBER 25, 2001

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
P.O BOX 6327  
TALLAHASSEE, FL. 32314

TO WHOM IT MAY CONCERN,

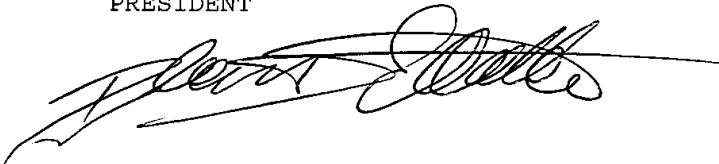
PLEASE ACCEPT MY \$150.00 FOR THE CORPORATE RENEWAL  
FOR SIDONIE'S AUTO SALON INC. FOR 2001.  
THE REASON I DID NOT RENEW THE CORPORATION IS THAT  
I DID NOT RECEIVE ANY PREVIOUS NOTICES DUE TO AN INCOORECT  
BAY # THE CORRECT MAILING ADDRESS FOR THE CORPORATION IS:

1842 NW 38TH AVE BAY #15  
FT LAUDERDALE, FL 33313

IF YOU SHOULD HAVE ANY FURTHER QUESTIONS IN THIS MATTER  
PLEASE PHONE ME AT 954-486-0106.  
THANK YOU FOR ALL YOUR ASSISTANCE.

SINCERELY,

DESMOND ELLIOTT  
PRESIDENT

A handwritten signature in black ink, appearing to read "Desmond Elliott", written over a horizontal line.