PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PG. 1 OF 2

APPLICATION FOR REINSTATEMENT

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

99-00043

FILED
00 MAR 16 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000036643

1. Corporation Name

SURFSIDE AUTO SALES INC.

Principal Place of Business	Mailing Address
~~1601 N. DIXIE HWY.~~ ~~WEST PALM BEACH FL 33407~~	~~1601 N. DIXIE HWY.~~ WEST PALM BEACH FL 33407

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

9/7/99 900074031 $500.00

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.: 5895 S. KANNOR Hwy	Suite, Apt. #, etc.: 5895 S. KANNOR Hwy
City & State: STUART, FLA.	City & State: STUART, FLA.
Zip: 34997 Country: USA	Zip: 34997 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 04/21/1998

5. FEI Number: 65-0829844 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	EDWARD N. KUBISH	5895 S. KANNOR Hwy. SUITE 1	STUART, FL. 34997
S	EDWARD N. KUBISH	5895 S. KANNOR Hwy. Suite 1	STUART, FL. 34997
T	EDWARD N. KUBISH	5895 S. KANNOR Hwy. Suite 1	STUART, FL. 34997

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-04/03/00--01091--009
****150.00 ****150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
KUBISH, EDWARD N ~~P.O. BOX 2485~~ ~~BOCA RATON FL 33427~~	Name Street Address (P.O. Box Number is Not Acceptable): 5895 S. KANNOR Hwy. Suite, Apt. #, Etc.: Suite 1 City: STUART, State: FL, Zip Code: 34997

CR2E040 (8/99)

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 Edward N. Kubish Pres. Date: 3-10-00

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.

KE

SIGNATURE: SIGNATURE REQUIRED 3-10-00 561-223-3636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

EDWARD N. KUBISH Pres.

0060186 AF

SURFSIDE AUTO SALES INC.

5895 S. KANNER HIGHWAY

STUART, FL. 34997

PH (561) 223-3636 • FX (561) 223-6318

Re: Document # P98000036463

3-10-00

To whom it may concern:

Last year (1999) I corrected all information on a form sent to me, asking for a physical address instead of a P.O. Box for mailing.

I called and explained to a contract person who was very nice and seemed concerned that I was in a transitional move at the time.

I definitely returned the application with the proper information at that time. (crossing out the P.O. Box and giving the physical address). My check was sent previously.

I am a sole owner and the only person in the corporation

Please help me and credit me for any penalties as I honestly did what I thought was right and as instructed by your agents. My new address is enclosed.

Also enclosed is my check for $150.00 additional for the year 2000 fee.

Thank you for your anticipated cooperation.

Yours Sincerely, BB Kubish