

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -9 AM 10:28

DOCUMENT # **P98000041488**

1. Corporation Name

ALLSTATES MOTORCARS, INC.

2. Principal Office Address

908 RAILROAD AVE.

3. Mailing Office Address

P.O. Box 1723

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WINTER PARK FL

WINTER PARK FL

Zip

Country

Zip

Country

32789

ORANGE

32790-1723

ORANGE

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/05/98

5. FEI Number

59-351-0366

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

LEONARD A. SCRIMA

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

524 PINE SONG DR.

Suite, Apt. #, Etc.

City

Casselberry

State

FL

Zip Code

32707

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 **10-4-01**

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
PD	ANTHONY L. SCRIMA	911 OSCEOLA AVE	WINTER PARK FL 32789
VD	LEONARD A. SCRIMA	524 Pine Song Dr	Casselberry FL 32707

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-4-01

Date

407 399-3170

Daytime Phone #

CR2E081 (9/00)