

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # P98000092615

99 NOV 22 PM 1:34

1. Corporation Name

ON TOP AUTOMOTIVE, INC.

Principal Place of Business

Mailing Address

2646-C N. MICHIGAN AVENUE  
KISSIMMEE FL 34744-1800

2646-C N. MICHIGAN AVENUE  
KISSIMMEE FL 34744-1800



02-22-99-90060-026 \$150.00

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

10/30/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3539909

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director | 4<br>City / State / Zip |
|---------------|---|--|-------------------------|
| President     | KARLOS SALGADO                            | 7806 LAUREL OAK LN.                                    | KISSIMMEE, FL 34747     |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SALGADO, KARLOS L  
7806 LAUREL OAK LANE  
KISSIMMEE FL 34747

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 #

On Top Automotive, Inc.  
2646-C Michigan Avenue  
Kissimmee, FL. 34744-1900

November 18, 1999

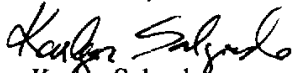
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL. 32314-6327

Gentlemen (Madam):

I received Notice of Administrative Dissolution or Revocation on or about November 4, 1999 and called to inquire about the notice. The representative notified me that a previous notice requesting information was sent and no answer received. The only notice I have received from this division is the one mentioned above. All correspondence received by us is answered and mailed as soon as possible.

Enclosed please find form received and filled with the necessary information to maintain file active. Your attention in this matter is most appreciated.

Yours truly,

  
Karlos Salgado  
President