

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 AUG 31 PM 12:31

SECRET  
TALLAHASSEE, FLORIDA

**DOCUMENT # P98000094062**

1. Corporation Name

**NATIONAL DEALER SPECIALIST, INC.**

2. Principal Office Address

**1706 WEST HILLS AVE.**

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**TAMPA, FL**

City & State

Zip

Country

**33606**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/5/1998**

5. FEI Number

**59-3545767**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

**03-05**

**WOP**

**7. Name and Address of Current Registered Agent**

Name

**MICHAEL A. KNOX**

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

**701 S. HOWARD AVE.**

Suite, Apt. #, Etc.

**SUITE 203**

City

**TAMPA**

State

**FL**

Zip Code

**33606**

**300059068693**

**08/30/05--01002--002 \*\*450.00**

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

**8/23/05**

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
P	HOLLY APPLE	1706 W. HILLS AVE.	TAMPA, FL 33606
VP	MICHELLE R. FRANCIS	14802 N. FLORIDA AVE. #U333	TAMPA, FL 33613
VP	KIMBERLY R. DAVIS	901 S. BRUCE STREET	TAMPA, FL 33606

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

**HOLLY APPLE**

8/23/2005

Date

(813) 833-8184

Daytime Phone #

202

**Michael A. Knox, CPA, P.A.**

Michael A. Knox, CPA, CVA  
701 South Howard Ave., Suite 203  
Tampa, FL 33606

813.254.6962  
813.258.2880 Fax  
mknox@maknoxcpa.com

August 23, 2005

Secretary of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: National Dealer Specialists, Inc.  
Document #P98000094062

To Whom It May Concern:

Attached please find completed form to reinstate the above mentioned corporation and a check for \$450.00 payable to the Department of State.

For the record this corporation moved and had never received the original Florida Annual Report. Please reinstate this corporation ASAP.

Thanking you in advance for your cooperation with this matter.

Sincerely,



Michael A. Knox,  
Certified Public Accountant,  
Certified Valuation Analyst