

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
05 MAR 17 AM 10:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 999 000003679

**1. Corporation Name**

4800 Auto Sales, Inc.

**2. Principal Office Address**

3899 NE 25 Avenue

Suite, Apt. #, etc.

City & State

Lighthouse Point, FL

Zip

33064

Country

USA

**3. Mailing Office Address**

3899 NE 25 Avenue

Suite, Apt. #, etc.

City & State

Lighthouse Point, FL

Zip

33064

Country

USA

**REINSTATEMENT** 00-25

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

1/13/1999

**5. FEI Number**

65-0884007

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

Paul B. Perkins

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

3899 NE 25 Avenue

Suite, Apt. #, Etc.

City

Lighthouse Point

State

FL

Zip Code

33064

500049292585  
03/28/05--01067--011 \*\*1501.00

**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

*Paul B. Perkins*

Date March 14, 2005

REGISTERED AGENT MUST SIGN

**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/S	Paul B. Perkins	3899 NE 25 Avenue	Lighthouse Point, FL 33064
V/T	Irene K. Perkins	3899 NE 25 Avenue	Lighthouse Point, FL 33064

**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:**

*Paul B. Perkins* Paul B. Perkins

March 14, 2005

954-829-3234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)