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
01 OCT 15 AM 9:56

DOCUMENT # P99000021131

1. Corporation Name

AUBREY'S AUTO SALES, INC.

Principal Place of Business	Mailing Address
2612 NORTH FEDERAL HIGHWAY DELRAY BEACH FL 33483	2612 NORTH FEDERAL HIGHWAY DELRAY BEACH FL 33483

REINSTATEMENT 01

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/02/1999

5. FEI Number: 65-0905259 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VPD	AUDREY, REX W	3892 WINFORD ROAD	BOYNTON BEACH FL 33436
PD	AUBREY, TRACY A	3983 BLACK FOREST CIRCLE	BOYNTON BEACH FL 33436

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-10/23/01--01015--002
****750.00 ****750.00

10/15

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SCHONE, LARRY T 500 N.E. 6TH AVE. DELRAY BEACH FL 33483	Name Street Address (P.O. Box Number is Not Acceptable): 72 NE 5TH AVE Suite, Apt. #, Etc. City: DELRAY BEACH State: FL Zip Code: 33483

CR2E040 (8/01)

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] Date: 10/12/01
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] 10-12-01 561-232-1972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #