

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 OCT 18 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P99000023941

1. Corporation Name

SHOLA AUTO MART INC.

Principal Place of Business

Mailing Address

1520 28TH STREET  
ORLANDO FL 32805

1520 28TH STREET  
ORLANDO FL 32805

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/10/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For  
 Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PD	BERNARD, OWIREDU	1520 28TH STREET	ORLANDO FL 32805
<del>VPD</del>	<del>MICHAEL OGUNSAKIN</del>	<del>1520 28TH STREET</del>	ORLANDO FL 32805
VPD	SOLA OGUNSAKIN	1520 28TH STREET	ORLANDO FL 32805

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OGUNSAKIN, MICHAEL  
1520 28TH STREET  
ORLANDO FL 32805

Name SOLA OGUNSAKIN  
Street Address (P.O. Box Number is Not Acceptable)  
1520 28TH STREET  
Suite, Apt. #, Etc.

City ORLANDO

State FL

Zip Code 32805

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 REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10-17-00

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  
SOLA OGUNSAKIN

Date

10-17-00

Daytime Phone #

407 872 0706

KE

CR2E040 (8/00)