

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 FEB 24 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000026688**

1. Corporation Name

**3D AUTO &
EMPORIUM**

2. Principal Office Address

1143 9th ST.

Suite, Apt. #, etc.

City & State

WINTER GARDEN FL.

Zip

34787

Country

ORANGE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

03/24/00

5. FEI Number

59-3566184

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

DARRYL W. MATHESON

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

1143 9th ST.

Suite, Apt. #, Etc.

City

WINTER GARDEN

State
FL

Zip Code
34787

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:

Darryl W. Matheson
REGISTERED AGENT MUST SIGN

Date **02/24/00**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

PRES. SEC. PRES. SEC. V.P. TRES. DIR.	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	DARRYL W. MATHESON	4697 MARTINEZ DR.	ORLANDO FL. 32839
TRES.	MARY ANN EVANS	12500 BUTLER BAY CT.	WINDERMERE FL. 34786
DIR.	DENISE W. MATHESON	4697 MARTINEZ DR.	ORLANDO FL. 32839
REINSTATEMENT DO TS			

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:

Darryl W. Matheson
DARRYL W. MATHESON - PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/24/00
Date

407-765-7936
Daytime Phone #

CR2E081 (9/99)