

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 13 PM 2:37

DOCUMENT # **P99000029914**

1. Corporation Name

CARMART OF BLOUNTSTOWN, INC.

2. Principal Office Address

19984 Central Awest

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 507

Suite, Apt. #, etc.

City & State

BLOUNTSTOWN FL

City & State

BLOUNTSTOWN FL

Zip

32424

Country

USA

Zip

32424

Country

USA

900019184339
05/16/03--01069--011 **300.00

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

5. FEI Number

593582868

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

Steve Bailey

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

19969 BURNS AVE.

Suite, Apt. #, Etc.

City

Blountstown

State

FL

Zip Code

32424

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

S. Bailey

REGISTERED AGENT MUST SIGN

Date **5-12-03**

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	Stephen B. Bailey	19969 BURNS AVE	BLOUNTSTOWN FL 32424

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:

S. Bailey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-12-03

Date

(850) 674-8410

Daytime Phone #

May 12th, 2003

To Whom it may concern:

In 2002 the USPS stopped
mail delivery to 914 West Central Ave.
due to new 911 addresses being issued.

As such, I did not receive the
Annual report. Please waive the
reinstatement fee.

Thank you for your consideration.
Stephen B. Bailey, President.

SA Bailey