

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -5 AM 8:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000047645

1. Corporation Name

PASCO AUTO MART INC.

Principal Place of Business

Mailing Address

18400 U.S. 19 NORTH
CLEARWATER FL 33764
US

1513 BEVERLY DRIVE
CLEARWATER FL 33764
US

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

2. New Principal Office Address, If Applicable

7229 US Highway 19

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

7229 US Highway 19

Suite, Apt. #, etc.

City & State

New Port Richey, FL

City & State

New Port Richey, FL

Zip

34652

Country

USA

Zip

34652

Country

USA

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

05/21/1999

5. FEI Number

59-3579394

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
P	WOOD, WILLIAM B PRES	18400 U.S. 19 NORTH	CLEARWATER FL 33764

800024378558
11/03/03--01051--021 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WOOD, WILLIAM B
1513 BEVERLY DR
CLEARWATER FL 33764

Name

William B. Wood

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

P.O. Box 1914 1513 Beverly Drive

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33764

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/30/03

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 REQUIRED
William B. Wood

Date

10/30/03 727-849-7299

Daytime Phone #