

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 MAY 23 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Kathleen Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P99000049418**

1. Corporation Name

JAX CITY MOTORS INC
8835 LEM TURNER RD
JACKSONVILLE FL 32208

2. Principal Office Address

3. Mailing Office Address

6234 ARTHUR DURHAM DR **6234 ARTHUR DURHAM DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE FL

JACKSONVILLE FL

Zip

Country

Zip

Country

32210

DUVAL

32210

DUVAL

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

5-27-99

5. FEI Number

59-3558891

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

MANUEL ACASIO MILLETE JR

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

6234 ARTHUR DURHAM DRIVE

Suite, Apt. #, Etc.

City

JACKSONVILLE

FL

State

FL

Zip Code

32210

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

REGISTERED AGENT MUST SIGN

Date **5/20/01**

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
PWD	MANUEL A. MILLETE JR	6234 ARTHUR DURHAM DR	JAX FL 32210
VP	RICARDO BOECHAT	665 GROVE PARK BLVD	JAX FL 32216

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/20/01

Daytime Phone #

904-5686481

ATT: STACY PRATHER

**TO: FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**

**FROM: JAX CITY MOTORS INC
8835 LEM TURNER ROAD
JACKSONVILLE FL 32208**

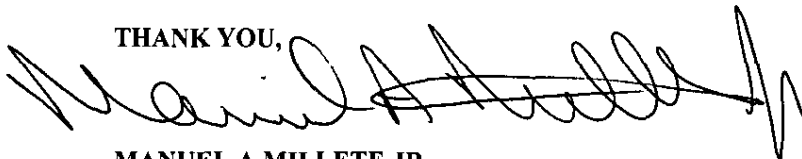
RE: REINSTATEMENT

DATE: 5/20/01

DEAR MRS PRATHER,

PER OUR CONVERSATION ON 5/18/01, HERE IS THE CORPORATION REINSTATEMENT FORM WITH MY REINSTATEMENT FEE OF \$300.00. THE REASON I DIDN'T RENEW MY CORPORATION IN TIME WAS I NEVER RECEIVED A RENEWAL OFFER. I GUESS SINCE MY BUSINESS ADDRESS WAS DIFFERENT THAN WHAT YOU GUYS HAD ON FILE, PLEASE UPDATE MY RECORDS SO I WILL NOT MAKE THIS OVERSIGHT IN YEARS TO COME. IF YOU NEED ANY ADDITIONAL INFORMATION, PLEASE CONTACT ME AT 904 568 6481.

THANK YOU,

A handwritten signature in black ink, appearing to read 'Manuel A Millete Jr.', with a stylized, cursive script.

MANUEL A MILLETE JR