

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 SEP -5 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

999000055152

1. Corporation Name

Full Line Automotive of Vero Beach, Inc.

800007673528--3

-09/12/02--01001--018

****308.75 ****308.75

2. Principal Office Address

2345-12th Ave.

3. Mailing Office Address

2345-12th Ave.

Suite, Apt. #, etc.

NA

Suite, Apt. #, etc.

NA

City & State

Vero Beach, FL

City & State

Vero Beach, FL

Zip

32960

Country

USA

Zip

32960

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/17/99

5. FEI Number

650927707

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

Robert Streeter

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

2345 12th Ave.

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32960

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

Robert Streeter
REGISTERED AGENT MUST SIGN

Date 8-19-02

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
Pres	Robert Streeter	2345 12 th Ave	Vero Beach, FL
Dir	Charran Graham	617 Ft Pierce Blvd	Ft. Pierce, FL 34951

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: *Robert Streeter* Robert Streeter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-2-02

Date

(772) 978-7846

Daytime Phone #

CR2E081 (9/01)