

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

01 JAN 19 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000064405

1. Corporation Name

COMMUNITY AUTO RETAILERS, INC.

Principal Place of Business

2285 W. EAU GALLIE BOULEVARD
MELBOURNE FL 32935

Mailing Address

2285 W. EAU GALLIE BOULEVARD
MELBOURNE FL 32935

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

2. New Principal Office Address, If Applicable

1595 SE Pt St Lucie Blvd

Suite, Apt. #, etc.

Port St Lucie

City & State

FL

Zip

34952

Country

ST LUCIE

3. New Mailing Office Address, If Applicable

1595 SE Pt. St. Lucie Blvd

Suite, Apt. #, etc.

Port St. Lucie, FL

City & State

Port St. Lucie, FL

Zip

34952

Country

ST. LUCIE

4. Date Incorporated or Qualified
To Do Business in Florida

07/12/1999

5. FEI Number

05-0940993

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
D	LENOCI, RALPH J	2285 W. EAU GALLIE BOULEVARD	MELBOURNE FL 32935
D	ELLWOOD, GARY F	2285 W. EAU GALLIE BOULEVARD 1595 SE Pt St Lucie Blvd	MELBOURNE FL 32935 Port St Lucie, FL 34952
			500003576655-4
			-01/26/01--01060--013
			****750.00 ****750.00

REINSTATEMENT 2000

8. Name and Address of Current Registered Agent

WRIGHT, SCOTT

2285 W. EAU GALLIE BOULEVARD
MELBOURNE FL 32935

9. Name and Address of New Registered Agent

Name

FARRELL, RICKEY L.

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

1595 SE PORT ST. LUCIE BLVD

Suite, Apt. #, Etc.

City

PORT ST. LUCIE

State

FL

Zip Code

34952

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.

Signature of
Registered Agent

Ralph J. Lenoci
REGISTERED AGENT MUST SIGN

Date

11/1/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/1/00 (56)468-3100

CR2E040 (8/00)