

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 APR 24 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P990000065231**

i. Corporation Name

Able Auto Rental, Inc.

Principal Office Address
4415 Florida National Drive

3. Mailing Office Address
4415 Florida National Drive

Suite, Apt. #, etc.
Suite 211

Suite, Apt. #, etc.
Suite 211

City & State
Lakeland, Florida

City & State
Lakeland, Florida

Zip
33813

Country
USA

Zip
33813

Country
USA

REINSTATEMENT 00-07

4. Date Incorporated or Qualified
To Do Business in Florida 7/13/99

5. FEI Number
59-3590687

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
Kenneth C. Hutto

Street Address (P.O. Box Number is Not Acceptable)
4415 Florida National Drive

Suite, Apt. #, Etc.
Suite 211

City
Lakeland, Florida

State
FL

Zip Code
33813

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*****900.00 *****900.00

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 *Kenneth C. Hutto*
REGISTERED AGENT MUST SIGN

Date 4-18-01

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
D	Kenneth C. Hutto	4415 Florida National Drive	Lakeland, Florida 33813
D	Marcia L. Mitchell	7619 Alachua Street	Orlando, Florida 32822
D	Hjalmar James Miedema	1400W Weldona Drive	Orlando, Florida 32806

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:

Kenneth C. Hutto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Kenneth C. Hutto

Date

Daytime Phone #

(863) 619-5502