

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAY -3 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000069039

1. Corporation Name

EDEALERSHIP SOLUTIONS, INC.

2. Principal Office Address

2699 Flynn Road West

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32223

Country

US

3. Mailing Office Address

2699 Flynn Road West

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32223

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

07-29-1999

5. FEI Number

59-3633744

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

David A. Cates

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

2699 Flynn Road West

Suite, Apt. #, Etc.

City

Jacksonville, FL

State

FL

Zip Code

32223

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

David A. Cates

REGISTERED AGENT MUST SIGN

Date 05-01-01

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 |
|--------|--------------------------------------|---|-------------------------|
| P | David Cates | 2699 Flynn Road West | Jacksonville, FL 32223 |
| VP | Chad Albertson | 2810 Vista Cove Road | St. Augustine, FL 32084 |
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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

5-1-01

Date

(904) 861-2170

Daytime Phone #

CR2E081 (9/00)