

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN 12 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000069039

1. Corporation Name

CD DEALERSHIP SOLUTIONS, INC

700020803207
06/12/03--01038--002 **000.00

REINSTATEMENT 02-03

2. Principal Office Address

4905 BELFORT RD

3. Mailing Office Address

4905 BELFORT RD

Suite, Apt. #, etc.

110

Suite, Apt. #, etc.

110

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32256

Country

US

Zip

32256

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

7-29-99

5. FEI Number

593633744

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 CATES

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

4905 BELFORT RD

Suite, Apt. #, Etc.

110

City

JACKSONVILLE

State
FL

Zip Code
32256

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

[Signature]

Date 6-10-03

REGISTERED AGENT MUST SIGN

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
<u>(P)</u> CEO	<u>DAVID A. CATES</u>	<u>4905 BELFORT RD #110</u>	<u>JACKSONVILLE, FL 32256</u>

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]

DAVID CATES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-03

Date

(904)553-7208

Daytime Phone #

CR2E081 (10/02)

g 6/12