


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 099000070421			
1. Corporation Name THE NEW AUTO TOY STORE, INC.			
2. Principal Office Address 1624 E. SUNRISE BLVD Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State FT. LAUDERDALE, FL		City & State	
Zip 33304	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 8/9/1999		5. FEI Number 52-2182729	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		700028174127 02/25/04--01006--029 **150.00	
7. Name and Address of Current Registered Agent			
Name ROBERT F. ELGIDELY			
Street Address (P.O. Box Number is Not Acceptable) 1624 East Sunrise Boulevard			
Suite, Apt. #, Etc.			
City FT. LAUDERDALE		State FL	Zip Code 33304
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 January 19, 2004	
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
P	RAY G. ANTHONY	2 ALLEGHANY COUNTY AIRPORT	WEST MIFFLIN, PA 15122
S	WILLIAM KANIA	71 N. MOUNT VERNON AVE	UNIONTOWN, PA 15401
T	BARRY SMOKER	882 BOULDER DR	BETHEL PARK, PA 15102
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]		1-20-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

FILED

04 FEB 25 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

700028174127
02/25/04--01006--029 **150.00

4. Date Incorporated or Qualified To Do Business in Florida

8/9/1999

5. FEI Number

52-2182729

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 F. ELGIDELY

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

1624 East Sunrise Boulevard

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33304

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Signature of Registered Agent

[Signature]

Date January 19, 2004

REGISTERED AGENT MUST SIGN

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #