

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000082254

1. Corporation Name

AMERICAN RENT-A-CAR SALES, INC.

Principal Place of Business

Mailing Address

18251 SE ISLAND DR.
TEQUESTA FL 33469

18251 SE ISLAND DR.
TEQUESTA FL 33469



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

2. New Principal Office Address, If Applicable

221 SW PORT ST. LUCIE BLVD
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

221 SW PORT ST. LUCIE BLVD
Suite, Apt. #, etc.

City & State

PORT ST. LUCIE FL.

City & State

PORT ST. LUCIE FL.

Zip

34984

Country

USA

Zip

34984

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/13/1999

5. FEI Number

65-0949757

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MICHAEL FLORIO	18251 SE ISLAND DR.	TEQUESTA FL. 33469
V	ANTHONY MARMORA	1274 SW MAPLEWOOD DR.	PORT ST. LUCIE FL 34986.
S	RAYMOND MARON POT	12 ASPEN DR.	BARTING RIDGE N.J. 07920
			600003441416--3
			-10/27/00--01004--009
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

FLORIO, MICHAEL
18251 SE ISLAND DR.
TEQUESTA FL 33469

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Michael Florio
REGISTERED AGENT MUST SIGN

Date 10-12-00

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

10/12/00

Daytime Phone #

CR2E040 (8/00)