

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000085059

1. Corporation Name

AL LOPEZ AUTO TRANSPORT INC.

Principal Place of Business

8501 FIGLAND AVE
PENSACOLA FL 32534

Mailing Address

8501 FIGLAND AVE
PENSACOLA FL 32534

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

2. New Principal Office Address, If Applicable

1002 RAINING MEADOWS LN
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1002 RAINING MEADOWS LN
Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32824

Country

USA

City & State

ORLANDO, FL

Zip

32824

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/23/1999

5. FEI Number

59-3611297

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	4
PS	LOPEZ, AL	8501 FIGLAND AVE 1002 RAINING MEADOWS LANE	PENSACOLA FL 32534 ORLANDO, FL 32824
VT	LOPEZ, PAM	1002 RAINING MEADOWS LANE	ORLANDO, FL 32824

8. Name and Address of Current Registered Agent

LOPEZ, AL

~~8501 FIGLAND AVE~~ 1002 RAINING MEADOWS LANE
PENSACOLA FL 32534 ORLANDO, FL 32824

9. Name and Address of New Registered Agent

Name

PAM LOPEZ

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

1002 RAINING MEADOWS LANE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32824

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

[Signature of Pam Lopez]

REGISTERED AGENT MUST SIGN

Date 3-30-01

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 of Pam Lopez]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-01 407-467-7866

Date

Daytime Phone #

CR2E040 (8/00)