

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 AUG 20 PM 4:16

DOCUMENT # P990000 94947

1. Corporation Name

D C MOTORS, INC.

2. Principal Office Address

7102 North Highway 77

Suite, Apt. #, etc.

City & State

Southport, Florida

Zip

32409

Country

USA

3. Mailing Office Address

P.O. Box 36201

Suite, Apt. #, etc.

City & State

Panama City, Florida

Zip

32412

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/27/99

5. FEI Number

593605679

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

Douglas Conklin

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

7102 North Highway 77

Suite, Apt. #, Etc.

City

Southport,

State

FL

Zip Code

32409

300004548873-8

08/22/01 01056-011

\*\*\*\*300.00 \*\*\*\*300.00

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

REGISTERED AGENT MUST SIGN

Date 8-15-01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip      |
|--------|--------------------------------------|---|-------------------------|
| P      | Douglas Conklin                      | 7102 North Highway 77                             | Southport, / FL / 32409 |
|        |                                      |   |                         |
|        |                                      |   |                         |
|        |                                      |   |                         |
|        |                                      |   |                         |
|        |                                      |   |                         |
|        |                                      |   |                         |

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

8-15-01

Date

Daytime Phone #

CR2E081 (9/00)