

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 9:14

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

APPLICATION
 FOR
 REINSTATEMENT

DOCUMENT # **P99000097455**

1. Corporation Name

DEPOT AUTO SALES, INC.

Principal Place of Business

Mailing Address

~~7200 SOUTH FLORIDA AVENUE~~
 FLORAL CITY FL 34436-2730

~~7200 SOUTH FLORIDA AVENUE~~
 FLORAL CITY FL 34436-2730

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

2. New Principal Office Address, if Applicable

7240 S. Florida Ave.
 Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

7240 S. Florida Ave.
 Suite, Apt. #, etc.

City & State

Floral City Fl.

City & State

Floral City Fl.

Zip

34436

Country

Citrus

Zip

34436

Country

Citrus



REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

11/04/1999

5. FEI Number

59-3606635

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MCKELVEY, JOHN P	1495 S. TRANQUIL POINT	INVERNESS FL 34450

500023908915
 10/17/03--01064--023 **150.00

8. Name and Address of Current Registered Agent

FUCHS, LAWRENCE M ESQ.
 590 ROYAL PALM BEACH BOULEVARD
 ROYAL PALM BEACH FL 33411

9. Name and Address of New Registered Agent

Name John P. McKelvey
 Street Address (P.O. Box Number is Not Acceptable)
13085 S. Pleasant Grove RD.
 Suite, Apt. #, Etc.
 City Floral City State FL Zip Code 34436

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. or 617.0505, F.S.

Signature of Registered Agent John P. McKelvey
 REGISTERED AGENT MUST SIGN

Date 10-10-03

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: John P. McKelvey John P. McKelvey 10-10-03 (352-697-2461)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)

10/10/03

To Florida Dept of State Divison Of Corporation,

This is the first UBR report received because of mailing change
from 7200 S. Florida Ave To 7240 S. Florida Ave.

Thanks in Advance for all the help you can give me in this matter.

Sincerely ,

JOHN P. MCKELVEY

John P. McKelvey
Thank you.