

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Herbert H. Harris
Secretary of State
BUREAU OF CORPORATIONS

REINSTATEMENT

FILED

00 OCT 30 AM 11:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000103017

1. Corporation Name

THE CAR SHOPPE OF ARLINGTON, INC.

Principal Place of Business

Mailing Address

6868 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211

6868 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/22/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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
PSTD	ZORE, MICHAEL	12005 MICHAELSON CT.	JACKSONVILLE FL 32223
V	ZORE, NATALIE A	12005 MICHAELSON CT.	JACKSONVILLE FL 32223
			400003468534--3 -11/17/00--01044--005 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ZORE, MICHAEL
6868 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 REQUIRED

Date

REGISTERED AGENT MUST SIGN

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

20f2



Income Tax Services
Financial & Insurance Services
Accounting & Bookkeeping Services

JAMES K. REESE, EA
RICHARD L. ROSS, EA

1201 North Third Street • Jacksonville Beach, Florida 32250 • (904) 241-0050 • Fax (904) 241-0752

October 27, 2000

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: The Car Shoppe of Arlington, Inc. – 2000 Uniform Business Report

Dear Sir or Madam:

We are in receipt of your Application for Reinstatement for the above referenced Corporation. Mr. Michael Zore, President, never received any previous notices or requests for this report. Being a new corporation (11/22/99) he was unaware of the Uniform Business Report filing requirements and dates. As soon as he received this document, we completed it and mailed to your office. We are asking for your acceptance of the enclosed check for \$150.00 and the abatement of any additional fees or penalties concerning this 2000 Report. Your prompt attention to this matter is appreciated in advance.

If you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to be "J. Reese".

James K. Reese, EA

Enclosures:
Application for Reinstatement
Check for \$150.00