

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

05 JUN -7 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000110143**

1. Corporation Name

**HOMETOWN MOTORS & SERVICE, INC**

2. Principal Office Address

**1601 E. JAMES LEE  
BLVD**

3. Mailing Office Address

**301 17TH ST**

City & State

**CRESTVIEW FL**

City & State

**NICEVILLE FL**

Zip

**32539**

Country

**OKALOWSA**

Zip

**32578**

Country

**OKALOWSA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**12.22.99**

5. FEI Number

**59.3623954**

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

**MICHAEL D. ALFORD**

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

**301 17TH ST**

Suite, Apt. #, Etc.

City

**NICEVILLE**

State

**FL**

Zip Code

**32578**

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

*[Signature]*

Date **06.01.05**

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<b>PT</b>	<b>MICHAEL D. ALFORD</b>	<b>301 17TH ST</b>	<b>NICEVILLE FL 32578</b>

500055861805  
06/07/05--01059--001 \*\*\*450.00

*[Signature]*

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]*

**MICHAEL D. ALFORD**

**06.01.05**

**850.729.2886**

SIGNATURE AND TYPE OR PRINTER NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E001 (01/05)

DEPT. OF CORPORATIONS;

I DIDN'T RECEIVE MY  
UNIFORM BUSINESS REPORT  
AND I ALSO NEVER RECEIVED  
NOTICE OF DISSOLUTION, IF  
I KNEW THAT MY CORPORATION  
WAS BEING DISSOLVED FOR  
NON-FILING OF LABR, I  
WOULD HAVE FILED. I  
WOULD APPRECIATE ANY  
HELP IN THIS MATTER AND  
APOLOGIZE FOR ANY  
INCONVENIENCE.

THANK YOU,

WILLIAM ALFOLD

PER CONVERSATION W/ DEPT OF CORP.  
AGREED I HAVE PAID \$450.00