

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

01 JAN 22 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000110471

1. Corporation Name

OSCEOLA COMPLETE AUTO CENTER, INCORPORATED

Principal Place of Business

Mailing Address

4951 LAKE CECILE DR
KISSIMMEE FL 34746

4951 LAKE CECILE DR
KISSIMMEE FL 34746



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

12/20/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State
Kissimmee FL

City & State
Kissimmee

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

34744 Osceola

34744 Osceola

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
PD	CHEN, JAMES	4951 LAKE CECILE DR	KISSIMMEE FL 34746
SD	CHE, HENG H	4951 LAKE CECILE DR	KISSIMMEE FL 34746

000003630287-8
-02/02/01--01049--001
****900.00 ****900.00

REINSTATEMENT 2000-01

[Signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LIANG, BRIAN
4951 LAKE CECILE DR
KISSIMMEE FL 34746

Name

James C. Chen

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

4951 Lake Cecile Dr

Suite, Apt. #, Etc.

City

Kissimmee

State

Zip Code

FL

34746

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: James C. Chen]
REGISTERED AGENT MUST SIGN

Date

1/15/01

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: James C. Chen]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/01

CR2E040 (8/00)