

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR **98-99**
REINSTATEMENT

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

DOCUMENT # **580655**

1. Corporation Name

• ALL STATES RENT-A-CAR SALES, INC.

Principal Place of Business

5655 So. U.S. 1
FT. PIERCE, FL 34982

Mailing Address

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

2. New Principal Office Address, If Applicable

1801 SOUTH FEDERAL HIGHWAY

Suite, Apt. #, etc.

City & State

STUART, FLORIDA

Zip

34994

Country

MARTIN

3. New Mailing Office Address, If Applicable

1801 SOUTH FEDERAL HIGHWAY

Suite, Apt. #, etc.

City & State

STUART, FLORIDA

Zip

34994

Country

MARTIN

4. Date Incorporated or Qualified
To Do Business in Florida

09/17/91

5. FEI Number

65-0291560

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

98-99
180
2/8/99

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
DPS	ALFRED VISCOUNT	1801 SOUTH FEDERAL HIGHWAY	STUART, FL 34994

600002772586-4
-02/11/99--01032--016
******908,75 ****908,75**

8. Name and Address of Current Registered Agent

STEPHEN NAVARETTA
110 SW WEST BLVD
PORT ST LUCIE, FL 34986 US

9. Name and Address of New Registered Agent

Name

DOUGLAS E. THOMPSON

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

4525 GUN CLUB ROAD

Suite, Apt. #, Etc.

SUITE 101

City

WEST PALM BEACH

State

FL

Zip Code

33415

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]

REGISTERED AGENT MUST SIGN

Date **2-4-99**

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-99
Date

(561) 221-9997

Daytime Phone #

CR2081 (12/98)