

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 18 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S87087

1. Corporation Name

FOUR C'S AUTOMOTIVE, INC.

Principal Place of Business

~~1801 SW 10TH STREET
DEERFIELD BEACH FL 33442~~

Mailing Address

~~1608 GLANDIS HWY
MOORESVILLE NC 28115~~

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

2. New Principal Office Address, If Applicable

~~1501 S.W. 10th Street~~

~~Delray Beach FL~~

~~33444~~

Zip Country

3. New Mailing Office Address, If Applicable

~~1608 Landis Hwy~~

~~Mooreville N.C.~~

~~28115~~

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/14/1991

5. FEI Number

65-0291721

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	CERAOLO, CARL	148 HUNTINGTON LANE	MOORESVILLE NC 28115- 28117
V.P.	Ceraolo, Geraldine	148 Huntington Lane	Mooreville, NC 28117

800009052348
11/18/02--01083--012 **150.00

8. Name and Address of Current Registered Agent

CERAOLO, CARL
1501 SW 10TH STREET
DELRAY BEACH FL 33444

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL CERAOLO

Date

Daytime Phone #

CR2040 (8/02)

11/11/02

To : Florida department of state

Enclosed is my check for \$150.00 as well as my application, with corrections. This application as well as any other correspondence was not recieved by myself or company. The mailing address you had printed does not exist. The correct address has been entered in box #3. The principal place of business listed was incorrectly listed as an address in Deerfield Beach, opposed to the correct address in Delray Beach, correction has been made in box #2. The zip code of the officier was incorrect. Due to the address errors the corporation application was never recieved and the corporation has been allowed to dissolve. This was not the intentions of the company. If there are any questions please call 704 663-5662. Thank you for your cooperation.

Carl Ceraolo