

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 AUG -7 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 587567

1. Corporation Name

Mr. Auto Insurance of West Ocala, Inc

Principal Place of Business

Mailing Address

2611 SW College RD
STEC
Ocala, FL 34474

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

10-14-91

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3100133

Applied For

Not Applicable

City & State

City & State

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 (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---------------|---|--|---|
| Pres | Lorrie D. Stavola | 10737 SE 108th Terr RD | Candler FL 32111 |
| U.Pres | Robert J. Stavola | 10737 SE 108th Terr RD | Candler FL 32111 |
| | | | 700002612547-9 -08/11/98--01024-014 ****908.75 ****908.75 |
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REINSTATEMENT

B. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Lorrie D. Stavola

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

10739 SE 108th Terr Rd.

Suite, Apt. #, Etc.

City

Candler

State

FL

Zip Code

32111

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

Lorrie D Stavola

REGISTERED AGENT MUST SIGN

Date 8-6-98

11. This corporation owes or has paid 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:

Lorrie D Stavola

Lorrie D. Stavola

8-6-98

352-237-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (1/98)