

APPLICATION
FOR
REINSTATEMENT



DOCUMENT # V13641
Corporation Name
SHAWNEE AUTO SALES, INC.

97 FEB 17 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2100 South Dixie Highway	same
West Palm Beach, FL 33401	

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

REINSTATEMENT 910-97

2. New Principal Office Address, If Applicable
2933 Westgate Avenue

3. New Mailing Office Address, If Applicable
2933 Westgate Avenue

4. Date Incorporated or Qualified
To Do Business in Florida 2/13/92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
West Palm Beach, FL

City & State
West Palm Beach, FL

Zip 33409

Country
Palm Beach

Zip
33409

Country
Palm Beach

6. **CERTIFICATE OF STATUS DESIRED** ☒

See Additional as required
for a full list of SAs.

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Donald L. Holmes	2933 Westgate Avenue	West Palm Beach, FL 33409
VP/S/ T/D	Mildred M. Holmes	2933 Westgate Avenue	West Palm Beach, FL 33409

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-02/18/97--01038--014
****923.75 ****923.75

8. Name and Address of Current Registered Agent

Philip Leone
Leone & Associates, P.A.
11000 Prosperity Farms Road, Suite 104
Palm Beach Gardens, FL 33410

9. Name and Address of New Registered Agent

Name
Charles C. Chillingworth, Esq.
Street Address (P.O. Box Number is Not Acceptable)
Chillingworth & Conway, P.A., Suite 800
Suite, Apt. #, Etc.
2090 Palm Beach Lakes Blvd.
City
West Palm Beach

State FL	Zip Code 33409
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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

REGISTERED AGENT MUST SIGN

Date 2/12/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 119.073(j)(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

FEB. 13. 97 561-686-1404
Date Navtime Phone #