

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

DOCUMENT # V20270

96 SEP 27 PM 2:08

1. Corporation Name  
GLOBE AUTOMOTIVE, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1996  
ANNUAL REPORT

Principal Place of Business  
4200 N DIXIE HWY  
POMPANO BEACH FL 33064

Mailing Address  
4200 N DIXIE HWY  
POMPANO BEACH FL 33064



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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

03/09/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0165313

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)

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
D	KELLEY, PAUL	4200 N. DIXIE HIGHWAY	POMPANO BEACH FL 33064
P.	PIETRAFESA, PAUL	4200 NE 12TH TERR.	POMPANO BEACH FL 33064
500001973889--8 -10/15/96--01091--012 ***200.00 ***200.00			

8. Name and Address of Current Registered Agent

KELLEY, PAUL  
4200 N DIXIE HWY  
POMPANO BEACH FL 33064

9. Name and Address of New Registered Agent

Name  
PAUL PIETRAFESA  
Street Address (P.O. Box Number is Not Acceptable)  
4211 NE 12TH TERR.  
Suite, Apt. #, Etc.

City  
POMPANO BEACH

State  
FL

Zip Code  
33064

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

*Paul Pietrafesa*

REGISTERED AGENT MUST SIGN

Date 9/19/96

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 119.07(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

PAUL PIETRAFESA

9/19/96

Date

(954) 782-6494

Daytime Phone #

CP202040 (7/96)