

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

01 JAN 31 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *V 30196*

1. Corporation Name

AUTO LIQUIDATORS, INC.

2. Principal Office Address

14 Boqey Drive

Suite, Apt. #, etc.

3. Mailing Office Address

14 Boqey Drive

Suite, Apt. #, etc.

City & State

WINTER HAVEN, FL

City & State

WINTER HAVEN, FL

Zip

33881

Country

USA

Zip

33881

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4-15-92

5. FEI Number

593134930

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JERRY E. Johnsey

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

14 Boqey Drive

Suite, Apt. #, Etc.

City

WINTER HAVEN

State
FL

Zip Code

33881

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Jerry E. Johnsey
REGISTERED AGENT MUST SIGN

Date *1-29-2001*

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	<i>JERRY E. JOHNSEY</i>	<i>14 BOQEY DRIVE</i>	<i>WINTER HAVEN, FL 33881</i>
VP/D	<i>THOMAS L. VAUGHN</i>	<i>22739 ARBOR GLEN CT.</i>	<i>LUTZ, FL 33549</i>
T/S	<i>LINDA JOHNSEY</i>	<i>14 BOQEY DRIVE</i>	<i>WINTER HAVEN, FL 33881</i>

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10. 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:

Jerry E. Johnsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-01 (813) 240-2072

Date

Daytime Phone #

CR2E081 (9/00)