

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

page 1 of 2

APPLICATION  
FOR



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

DOCUMENT # **V30196**

1. Corporation Name

**AUTO LIQUIDATORS, INC.**

Principal Place of Business

**14 BOGEY DRIVE  
WINTER HAVEN FL 33881**

Mailing Address

**14 BOGEY DRIVE  
WINTER HAVEN FL 33881**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**04/15/1992**

5. FEI Number

**59-3134930**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	JOHNSEY, JERRY E	14 BOGEY DRIVE	WINTER HAVEN FL 33881
VPD	VAUGHN, THOMAS L	22739 ARBOR GLEN CT.	LUTZ FL 33549
TS	JOHNSEY, LINDA	14 BOGEY DRIVE	WINTER HAVEN FL 33881

02 OCT 29 PM 6:17

8. Name and Address of Current Registered Agent

**JOHNSEY, JERRY E  
14 BOGEY DRIVE  
WINTER HAVEN FL 33881**

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

*[Signature]*

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date **10/24/02**

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:

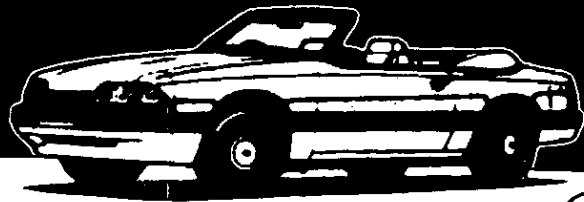
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/24/02**  
Date

**863-326-1830**  
Daytime Phone #

CR2E040 (8/02)

# ALI



*page 102*

October 24, 2002

Division of Corporations  
Annual Report/Reinstatement Section  
P. O. Box 6327  
Tallahassee, FL 32314-6327

Re: Auto Liquidators, Inc.

Gentlemen:

I am enclosing the completed Application for Reinstatement together with our check No. 1242 dated October 24, 2002 in the amount of \$150.00 made payable to the Department of State.

I would appreciate having the corporation reinstated for this amount as we do not have a record of receiving prior notices. Thank you.

Very truly yours,

Linda Johnsey  
Treasurer/Secretary

Enclosures.

AUTO LIQUIDATORS, INC. 14 BOGEY DRIVE WINTER HAVEN, FL 33881

Office: 941-326-1830 Mobile: 813-240-2072

A Credit Union Promotional Company