

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

1998 JAN 20 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V34668**

1. Corporation Name  
**SOUTHEAST FLORIDA MOTORS, Inc.**

Principal Place of Business Mailing Address  
**1817 S. HANCOCK CITY BLVD  
MELBOURNE, FLA 32901** **SAME**

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5/92	
City & State		City & State		5. FEI Number	
Zip		Country		65-0332511	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PRESIDENT	MICHAEL A. DENMARK	3050 S. HIGHWAY A1A #1B	MELBOURNE BEACH, FLA. 32951
			400002409204-7
			-01/22/98--01095--013
			***1058.75 ***1058.75

**REINSTATEMENT**

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
WILLIAM M. FOGARTY 7601 N. FEDERAL HIGHWAY SUITE A-265 BOCA RATON, FLA 33487		Name: <b>Richard TAYLOR</b> Street Address (P.O. Box Number is Not Acceptable): <b>1370 SARNO RD</b> Suite, Apt. #, Etc.: <b>Suite E</b> City: <b>Melbourne</b> State: <b>FL</b> Zip Code: <b>32935</b>	

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: *[Signature]* Date: **1/19/98**

REGISTERED AGENT MUST SIGN

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)(j), 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]* Date: **1/19/98** Daytime Phone #: **407-768-6700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (12/96)