| | | | DUCTIONS | | OMDLET | | |
|---|---|--|-------------------------|------------------------------|--|---|--|
| PLEASE READ ALL INSTRUCTIONS APPLICATION FOR FOR REINSTATEMENT FLORIDA DEPARTME Sandra B. Mc Secretary of DIVISION OF CORPO | | | | NT OF STATE tham State | 7 | PPROVED AND FILED | |
| ſ | UMENT # V4511 | Q | 1 | | } | V-5 PM 4:13 | |
| 1. Corporation Name NEW OMEC AUTO RECYCLING, INC | | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | |
| Principal Place of Business Malling Address 1204 S. ATLANTIC AVE SAME | | | | | | | |
| DAYTONA BEACH, FC. 32118-4802 | | | | | REINS | STATEMENT <u>QU-98</u> | |
| If above addresses are incorrect in any way, line through incorrect information and enter correction 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable | | | | | Date Incorporated or Qualified To Do Business in Florida | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. FEI Number | Applied For | |
| City & State | | City & State | | | 6. | 5339374 Not Applicable | |
| Zip | Country | Zip | Country | · | | E OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status | |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list a Name of Officers Title(s) Name of Officers and/or Directors Officer and/or Directors | | | | eet Address of Each | <u></u> . | City / State / Zip | |
| 1 | 1 2 3 (Do NOT Use Post Of | | | | | 4 | |
| PORT ORANGE FE DUARD YANG ING JUDGES LD. PORT ORANGE F | | | | | | PORT GRANGE (FLZIE | |
| VP | CAY CSAWGB | DWARD YANG 105 JUDGES LN. PORT ORANGE (FL.) DWARD YANG 105 JUDGES LN. PORT ORANGE, FL. | | | | | |
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| | | | | | | -11/10/9801064003 ***1058.75 ***1058.75 | |
| | | | | | | 36,08 | |
| | | | | | | | |
| 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name | | | | | | | |
| TONYA YANG | | | | | | | |
| 105 JUDGES CO. | | | | Suite, Apt. #, Etc. | uite, Apt. #, Etc. | | |
| 10121 012ANGE 1 FC. | | | | City | | State Zip Code | |
| 10. I, being | appointed the registered agent of the above | e named corpo | ration, am familiar wit | h and accept the ob | ligations of Section | on 607.0505, F.S. | |
| Signature of Registered A | Agent Tonyayans | SISTERED AGE | ENT MUST SIGN | | | Date \ 10/29/98 | |
| 11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: X TONYA YAWG X 13/29/93 904-238 0995 SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone # | | | | | | | |