


Page 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

 <p>CORPORATION REINSTATEMENT</p> <p>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED</p> <p>12 OCT -1 PM 12:32</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																	
<p>DOCUMENT # V71847</p> <p>1. Corporation Name ROBERT'S AUTOMOTIVE & CAR SALES INC</p>																			
<p>2. Principal Office Address, No. P.O. Box # 1120 NE COUNTY LINE RD</p> <p>Suite, Apt. #, etc.</p>		<p>3. Mailing Office Address 901 SE HILLCREST AVE</p> <p>Suite, Apt. #, etc.</p>																	
<p>City & State STUART FLORIDA</p> <p>Zip 34994 Country MARTIN CO.</p>		<p>City & State STUART FLORIDA</p> <p>Zip 34994 Country MARTIN CO.</p>																	
<p>7. Name and Address of Current Registered Agent</p> <p>Name Robert J. Wiley</p> <p>Street Address (P.O. Box Number is Not Acceptable) 901 SE HILLCREST AVE</p> <p>Suite, Apt. #, Etc.</p> <p>City STUART FLORIDA State FL Zip Code 34994</p>		<p>4. Date incorporated or Qualified To Do Business in Florida</p> <p>5. FEI Number 59-3136703 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</p> <p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p> <p>100239789591 09/19/12--01021--003 **1050.00</p>																	
<p>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.</p> <p>Signature of Registered Agent Robert Wiley Date 9-15-12</p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																			
<p>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td></td> <td>ROBERT WILEY</td> <td>901 SE HILLCREST AVE</td> <td>STUART FL, 34994</td> </tr> <tr> <td></td> <td>CONNIE A. WILEY</td> <td>901 SE HILLCREST AVE</td> <td>STUART FL, 34994</td> </tr> <tr> <td></td> <td>MARJORIE B. GASKIN</td> <td>901 SE HILLCREST AVE</td> <td>STUART FL, 34994</td> </tr> </tbody> </table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		ROBERT WILEY	901 SE HILLCREST AVE	STUART FL, 34994		CONNIE A. WILEY	901 SE HILLCREST AVE	STUART FL, 34994		MARJORIE B. GASKIN	901 SE HILLCREST AVE	STUART FL, 34994
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip																
	ROBERT WILEY	901 SE HILLCREST AVE	STUART FL, 34994																
	CONNIE A. WILEY	901 SE HILLCREST AVE	STUART FL, 34994																
	MARJORIE B. GASKIN	901 SE HILLCREST AVE	STUART FL, 34994																
<p>REINSTATEMENT</p>			<p>OCT 03 2012</p> <p>T. SCOTT</p>																
<p>10. E-mail Address: _____</p> <p style="text-align: center;">(To be used for future annual report notification)</p>																			
<p>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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.</p> <p>SIGNATURE: Robert Wiley Date 9-15-12</p> <p style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>																			

Page 2 of 2

Telephone Number: 410 601 2011	
d Name: <u>ROBERT M. Iley</u>	Title: <u>PRESIDENT</u>
(List "Owner" for a sole proprietor or partnership)	
Address: <u>901 SE MILLCREEK AVE.</u>	City, State, Zip: <u>STUART RD. 34994</u>
Telephone Number: _____	Adjudicated Guilty <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e Name: <u>CONNIE A. Iley</u>	Title: <u>VICE PRESIDENT</u>
(List "Owner" for a sole proprietor or partnership)	
Address: <u>901 SE MILLCREEK AVE</u>	City, State, Zip: <u>STUART RD. 34994</u>
Telephone Number: _____	Adjudicated Guilty <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
f Name: <u>MALSORIE B. GASKIN</u>	Title: <u>SECRETARY</u>
(List "Owner" for a sole proprietor or partnership)	
Address: <u>901 SE MILLCREEK AVE</u>	City, State, Zip: <u>STUART RD. 34994</u>
Telephone Number: _____	Adjudicated Guilty <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No