

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 11 AM 8:16

DOCUMENT # *P01 0000 74399*

**1. Corporation Name**

AUTOMOTIVE LINK, INC.

**2. Principal Office Address**

1025 NORTH US HWY 17-92

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

Zip

32750

Country

U.S.A.

**3. Mailing Office Address**

1025 NORTH US HWY 17-92

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

Zip

32750

Country

U.S.A.

**REINSTATEMENT** *03-05*

*07/21/03 90354 045 \$15000*  
*10/14/03 01063 006 400.00*

**4. Date Incorporated or Qualified  
To Do Business in Florida**

07/27/01

**5. FEI Number**

59-3171262

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

ALFREDO CRISTY

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

1253 VALLEY CREEK RUN

Suite, Apt. #, Etc.

City

WINTER PARK

State

FL

Zip Code

32792

~~000048582130~~  
03/17/05--01007--014 \*\*500.00

**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

REGISTERED AGENT MUST SIGN

Date

*3/14/05*

**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
PD -	ALFREDO CRISTY	1253 VALLEY CREEK RUN	WINTER PARK, FL 32792

**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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*3/14/05*

Daytime Phone #

*907 234-5465*

CR2ED01 (01/05)