## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED  O4 MAR 19 AM 8: 17
DOCUMENT # 102 8000 60735  1. Corporation Name AUTO SPECTEUM		AND THE STATE OF T
2. Principal Office Address  11461 5: enall Blossom TR.	3. Mailing Office Address	700030802677 03/19/0401039005 **61.25
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Date Incorporated or Qualified     To Do Business in Florida
City & State  ORLAND C - FL.	ST. CCVD FC.	5. FEI Number Applied For Not Applicable
Zip Country 32837 \(\sigma \sigma A	Zip Country 34772 USA	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
Street Address (P.O. Box Number is Not Acceptable)  1902		
Titles Name of	/or Director (Florida nonprofit corporations must list at le	City / State / Zin
Officers and/or Directors  PRESSIDENT  5-Talk 6/Room	Officer and/or Director  5	T. ST. COND TO. 34772
this reinstatement application, the reason for diss	plution has been eliminated, the corporate name satisfies	provided for in chapter 607 or 617, F.S. I further certify that when filing 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #		