PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(1)

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

98-99 AR

DOCUMENT # P97000047500

FILED

700002769597---5
-02/09/99--01063--003
*****300.00 *****300.00

1. Corporation Name
Professional Automotive Training, Inc

Principal Place of Business: 8985 Antigua Drive, Largo, FL 33777

Mailing Address:

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable:
Suite, Apt #, etc:
City & State:
Zip: Country:

3. New Mailing Office Address, If Applicable: 11420 NW 56th Drive
Suite, Apt #, etc: # 112
City & State: Coral Springs, FL
Zip: 33076 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: May 22, 1997

5. FEI Number: 59-3450222 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Thomas G. Stiers	11420 NW 56th Dr. # 112 Coral Springs	Coral Springs, FL 33076

NR 2/5/99

8. Name and Address of Current Registered Agent
Thomas G. Stiers - President
11420 NW 56th Drive # 112
Coral Springs, FL 33076

9. Name and Address of New Registered Agent
Name: N/a
Street Address (P.O. Box Number is Not Acceptable):
Suite, Apt #, Etc:
City: State: FL Zip Code:

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: Thomas G. Stiers REGISTERED AGENT MUST SIGN Date: 1-30-99

11. This corporation owes 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: Thomas G. Stiers Thomas G. Stiers 1-30-99 (954) 227-7560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E081 (12/98)

(2)

January 30, 1999

Florida Dept. of State
PO Box 6327
Tallahassee, FL 32314

To Whom This May Concern:

I called your offices to inquire about 1999 renewal, and was informed that I never submitted the 1998 form. Since I had formed the corporation in the middle of 1997, I assumed I was covered thru 1999. However, I never received anything at my address regarding a renewal or bill for 1998. The representative told me that I was entitled to have one error and that I needed to reinstate for $150.00 for 1998 and pay $150.00 for 1999 for a total of $300.00.

**Please not I have moved this month and note my new address.
NEW: 11420 NW 56th Dr. #112
Coral Springs, FL 33076

Please feel free to contact me if you have any questions at (954) 227-7560.

Thank you in advance.

Sincerely,
Professional Automotive Training
EIN# 59-3450222

Thomas Stiers

Thomas Stiers