

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JAN 27 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA7000075101
1. Corporation Name
Auto America, Inc.

2. Principal Office Address
1945 Sunset Pt. Rd.
Suite, Apt. #, etc.
City & State
Clearwater, FL
Zip 33765 Country Pinellas

3. Mailing Office Address
1945 Sunset Pt. Rd.
Suite, Apt. #, etc.
City & State
Clearwater, FL
Zip 33765 Country Pinellas

REINSTATEMENT 98-00

4. Date Incorporated or Qualified To Do Business in Florida 8/28/1997

5. FEI Number 59-3468054 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 John P. Martin, Attorney at Law 000003119700-7
Street Address (P.O. Box Number is Not Acceptable) 401 S. Lincoln Ave. -02/01/00-01133-012
Suite, Apt. #, Etc. ***1050.00 ***1050.00

City Clearwater, State FL Zip Code 33756

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 [Signature] Date 1/24/00
REGISTERED AGENT MUST SIGN

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
Pres./Dir./Treas	Frank S. Burkett	1945 Sunset Pt. Rd.	Clearwater, FL 33765
Dir./Sec/-	John F. Gianfillipo	1945 Sunset Pt. Rd.	Clearwater, FL 33765

9000003119709-9
-02/01/00-01133-013
*****8.75 *****8.75

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] 1/24/00 (727) 441 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #