

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 8:46

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

APPLICATION
 FOR
 REINSTATEMENT

DOCUMENT # **394699**

1. Corporation Name

AUTO AID, INC.

Principal Place of Business

7301 74TH ST N
 PINELLAS PARK FL 33781

Mailing Address

7301 74TH ST N
 PINELLAS PARK FL 33781

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.
6500 W. COUNTRY CLUB DRIVE
 City & State
HOMOSASSA FL
 Zip
34448
 Country
CITRUS

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
6500 W. COUNTRY CLUB DRIVE
 City & State
HOMOSASSA FL
 Zip
34448
 Country
CITRUS

4. Date Incorporated or Qualified To Do Business in Florida

01/25/1972

5. FEI Number

59-1396059

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	STARK, ALLAN E	7301 - 74TH STREET NORTH	PINELLAS PARK FL
STD	STARK, CAROL JOAN	7301 - 74TH STREET NORTH	PINELLAS PARK FL
VD	STARK, DEBORAH J.	7301 - 74TH STREET NORTH	PINELLAS PARK FL
PD	STARK, ALLAN E.	6500 W. COUNTRY CLUB DRIVE	HOMOSASSA FL 34448
STD	STARK, CAROL JOAN	6500 W. COUNTRY CLUB DRIVE	HOMOSASSA FL 34448
VD	STARK, DEBORAH J.	6500 W. COUNTRY CLUB DRIVE	HOMOSASSA FL 34448

8. Name and Address of Current Registered Agent

~~STARK, ALLAN E~~
~~7301 74TH ST N~~
~~PINELLAS PARK FL 33781~~

9. Name and Address of New Registered Agent

Name **STARK, ALLAN E.**
 Street Address (P.O. Box Number is Not Acceptable)
6500 W. COUNTRY CLUB DRIVE
 Suite, Apt. #, Etc.
 City **HOMOSASSA** State **FL** Zip Code **34448**

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. or 617.0505, F.S.

500023820965
 10/15/03--01082--011 **158.75

Signature of Registered Agent

Allan Stark
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date

10-14-03

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., 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:

Allan Stark
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-14-03 (352-628-5142)

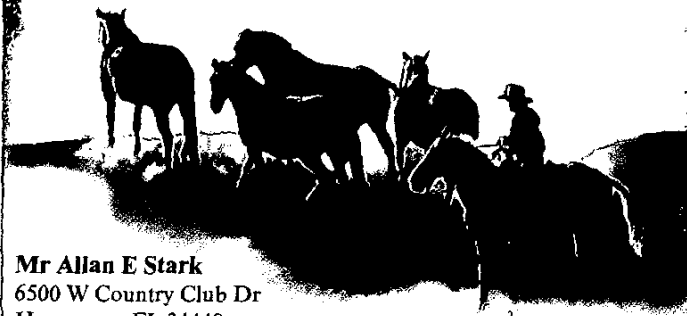
CR2E040 (7/03)

OCT-14-2003

PLEASE BE ADVISED THAT THE
AGENTS OF AUTO AID INC WERE
SOLD DEC 1ST 2001. THE NEW
OWNERS DID NOT FORWARD
THE UBR NOTICES TO ME
THEY DID SEND THE INCLOSED
ONE HOWEVER, SO WILL TAKE
CARE OF THIS - PRONTO -

THANK YOU

Allan Stark PRES
Auto Aid Inc



Mr Allan E Stark
6500 W Country Club Dr
Homosassa FL 34448