PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

9-9-98 A/R

FILED
98 SEP 9 PM 12:15
SEC. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 544695

1. Corporation Name
AUTOMOTIVE TRIM SPECIALISTS, INC.

Principal Place of Business / Mailing Address
20890 MORADA COURT
BOCA RATON, FL. 33433

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
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida
1977

5. FEI Number
59-1770029
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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRESIDENT SECRETARY	DAVID T. SCHELLHASE	20890 MORADA CT.	BOCA RATON, FL 33433

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SL 9-24-98

8. Name and Address of Current Registered Agent
DAVID T. SCHELLHASE
20890 MORADA COURT
BOCA RATON, FL. 33433

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

CR2E043 (1/98)

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 D T Schellhase
REGISTERED AGENT MUST SIGN

Date Sept. 8th, 1998

11. This corporation ~~owes~~ or has paid 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: D T Schellhase
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept. 8th, 1998
Date

(954) 481-7315
Daytime Phone #

September 21st. 1998

Mr. Shawn Logan
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Subject: Automotive Trim Specialists, Inc.
File Number: 544695

Dear Mr. Logan,

As per our phone conversation I am requesting that my corporation states be reinstated. As I explained to you I am a one person business and never recieved any statements from the state requesting annual corporation dues after 1998. In the years forward of 1998 I have been in good faith acting as a corportion feling and paying all Federal and State forms and taxes due, all along not knowing that my corporation charter had been disolved.

Enclosed is a check for $1,457.50 as per our conversation to reinstate my corporation plus $8.75 for one certificate of states. Thank you for your help concerning this matter.

Sincerely,

President/Owner