

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 FEB 14 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 645039

1. Corporation Name

AUTOMOTION ENTERPRISES, INC.

Principal Place of Business

13914 HWY. 574
DOVER FL 33527

Mailing Address

13914 HWY. 574 M.L.KING BLVD.
DOVER FL 33527



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

2. New Principal Office Address, If Applicable

13914 M.L.KING BLVD

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

13914 M.L.KING BLVD

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

11/13/1979

5. FEI Number

59-1977197

Applied For

Not Applicable

City & State

DOVER, FL

City & State

DOVER, FL

Zip

33527

Country

HILLS.

Zip

33527

Country

HILLS.

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 3	City / State / Zip 4
PT	CRAWFORD, JOHN H., III	805 HILLSIDE TERRACE	BRANDON FL
S	CRAWFORD, HERMINIA Z.	805 HILLSIDE TERRACE	BRANDON FL
V	CRAWFORD, DAVID	805 HILLSIDE TERRACE	BRANDON FL

8. Name and Address of Current Registered Agent

CRAWFORD, JOHN H., III
805 HILLSIDE TERRACE
BRANDON FL 33511

9. Name and Address of New Registered Agent

Name

(SAME)

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

JOHN H. CRAWFORD III
REGISTERED AGENT MUST SIGN

Date

2-5-03

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:

JOHN H. CRAWFORD III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-5-03 (813-658-2346)

CR2E040 (8/99)