

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # F95000001345

1. Corporation Name

VECTOR AEROMOTIVE CORPORATION

Principal Place of Business

Mailing Address

~~7801 CENTURION PARKWAY SOUTH  
JACKSONVILLE FL 32256~~

~~7801 CENTURION PARKWAY SOUTH  
JACKSONVILLE FL 32256~~

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

2. New Principal Office Address, If Applicable

975 MARTIN AVE.  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

975 MARTIN AVE.  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

03/21/1995

5. FEI Number

33-0254334

Applied For

Not Applicable

City & State

GREEN COVE SPRINGS, FL  
Zip 32043 Country USA

City & State

GREEN COVE SPRINGS, FL  
Zip 32043 Country USA

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
PD	ROSE, PETER D Enright, Timothy	<del>7801 CENTURION PARKWAY SOUTH</del> 975 Martin Ave.	<del>JACKSONVILLE FL 32256</del> Green Cove Springs, FL 3204
<del>S</del>	<del>APRAHAMIAN, RICHARD J</del>	<del>811 ANTON BLVD., STE 1110</del>	<del>COASTA MESA CA</del>
<del>T</del> TREAS	<del>LUBIS, SULTAMAN</del> Bater, Lily	<del>7801 CENTURION PKWY SOUTH</del> 975 Martin Ave.	<del>JACKSONVILLE FL</del> Green Cove Springs, FL 3204
<del>D</del> DIRECTOR	<del>SUBJASWIN, EL</del> Welty, W.R.	<del>WISMA KYOGI PRINCE 25TH FLOOR</del> 975 Martin Ave.	<del>JAKARTA, INDONESIA</del> Green Cove Springs, FL 3204
D	KIMBERLEY, MICHAEL	40019 SANT'AGATA BOLOGNESE	VIA MODENA 12 BOLOGNA, ITALY

8. Name and Address of Current Registered Agent

~~ROSE, PETER D~~  
~~7801 CENTURION PKWY SOUTH~~  
~~JACKSONVILLE FL 32256~~

9. Name and Address of New Registered Agent

Name  
Timothy Enright  
Street Address (P.O. Box Number is Not Acceptable)  
975 Martin Ave.  
Suite, Apt. #, Etc.

City  
Green Cove Springs  
State  
FL  
Zip Code  
32043

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

REGISTERED AGENT MUST SIGN

Date 2/12/98

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

98 FEB 25 PM 4:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

97-98  
ad

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CR2040 (8/97)