

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

1998, 1999, 2000
CORPORATION
~~REINSTATEMENT~~
ANNUAL REPORT

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

FILED

00 MAR 20 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F27000006932

1. Corporation Name

AUTOMOTIVE CONCEPTS OF NORTH AMERICA, INC
513 HORSHAM RD
HORSHAM, PA 19044

2. Principal Office Address

SAME

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

13-2790689

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

THOMAS READER CHARLES DERINGER

Street Address (P.O. Box Number is Not Acceptable)

965 SUNSHINE LA

000003182560-7

03/24/00-01038-001

Suite, Apt. #, Etc.

****450.00 ****450.00

City

ALTAMONTE SPRINGS, FL 32714

State

FL

Zip Code

32714

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

Charles Deringer

REGISTERED AGENT MUST SIGN

Date

3-14-00

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
P	CHARLES DERINGER	513 HORSHAM RD	HORSHAM PA 19044
VP	THOMAS READER III	513 HORSHAM RD	HORSHAM PA 19044

\$450.00-AK

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-00

Date

2154435420

Daytime Phone #

2

LARRY M. WEISS, P.C.

CERTIFIED PUBLIC ACCOUNTANT

March 14, 2000

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Automotive Concepts of North America, Inc.
Reinstatement

Dear Sir/Madam:

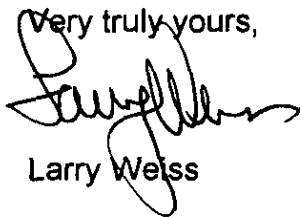
This letter is to request abatement of the \$600 reinstatement fee.

Automotive Concepts of North America is the general partner of Automotive Concepts of Orlando, LP. We have no record of receiving the necessary forms for filing, nor were we aware that the general partner must file an annual report.

We are enclosing 2 checks - one for the \$600 reinstatement fee and one for the 1998, 1999 and 2000 fees of \$450.

We are requesting abatement of the \$600 fee and that you return the check to us.

Very truly yours,



Larry Weiss