PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # F98000000377

1. Corporation Name

AUTOFILL, INC.

REINSTATEMENT 99-00

2. Principal Office Address		3. Mailing Office Address	
4337 Pablo Oaks Court		4337 Pablo Oaks Court	
Suite, Apt. #, etc. Suite 104		Suite, Apt. #, etc. Suite 104	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32224	Country US	Zip 32224	Country US

4. Date Incorporated or Qualified To Do Business in Florida 1/22/1998

5. FEI Number 51-0373193 — 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: Corfitsen, Sten

Street Address (P.O. Box Number is Not Acceptable): 4337 Pablo Oaks Court

Suite, Apt. #, Etc.: Suite 104

City: Jacksonville — State: FL — Zip Code: 32224

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: _____ Date 10/11/00

REGISTERED AGENT MUST SIGN

CR2E081 (9/98)

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
DPS	Corfitsen, Sten	4337 Pablo Oaks Ct., Suite 104	Jacksonville, FL 32224

AD

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.

H00000054262

SIGNATURE: _____ Sten Corfitsen, President 10/11/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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CORPORATION REINSTATEMENT

AUTOFILL, INC.

Certificate of Status	0
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