

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H89876

1. Corporation Name

AUTOHAUS CONVERSIONS, INC.

Principal Place of Business

5732 PHILLIPS HWY
JACKSONVILLE FL 32216

Mailing Address

5732 PHILLIPS HWY
JACKSONVILLE FL 32216

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

12/13/1985

5. FEI Number

59-2602454

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BARQUIST, CARL	3509 SANDBURG ROAD	JACKSONVILLE FL 32277
VP	BARQUIST, LINDA	3509 SANDBURG ROAD	JACKSONVILLE FL 32277

000008637870
10/28/02--01128--016 **158.00

8. Name and Address of Current Registered Agent

GREENLEAF, V. B.
12352 MACAW DR
JACKSONVILLE FL 32223

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

CR2040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/25/02

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/02 904 733 0949

**Autohaus Inc
5732 Phillips Hwy
Jacksonville, Florida 32216
904-733-0948**

Friday, October 25, 2002

To : Florida Dept OF State

RE: Document # H89876

**Abatement of penalty
And reinstatement of corporate status**

I am writing to advise that we did not receive any notification from the Division of Corporations. I can only assume that any correspondence went to our former address of 4325 St Augustine Road, Jacksonville, Florida 32207.

**Linda Barquist v/p
Autohaus Inc**

A handwritten signature in cursive script, appearing to read 'Linda Barquist', written in dark ink.