

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

13 SEP 30 PM 2:42

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # L09000094438

1. Corporation Name

AUTO PLAY LLC

2. Principal Office Address - No P.O. Box #

4311 N Monroe St

Suite, Apt. #, etc.

3. Mailing Office Address

4311 N Monroe St

Suite, Apt. #, etc.

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/09

5. FEI Number

80-0493762

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

Zip

32303

Country

USA

Zip

32303

Country

USA

7. Name and Address of Current Registered Agent

Name

WELBON, EVAN L

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

1311 AIRPORT DR

Suite, Apt. #, etc.

APT. C4

City

TALLAHASSEE

State

FL

Zip Code

32304

800252216418
10/01/13--01001--012 **238.75

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

[Signature]

Date 9/30/13

REGISTERED AGENT MUST SIGN

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
MGRM	WELBON, EVAN L	1311 AIRPORT DR APT C4	TALLAHASSEE/FL/32304

REINSTATEMENT

13

ALL

10 E-mail Address: AUTOPLAYLLC@GMAIL.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

[Signature]

EVAN L WELBON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/13

Date

850-545-2448

Daytime Phone #