PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 26 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION [redacted]

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1994-2002 UBR

300009575609
12/18/02--01034--016 **1515.00

DOCUMENT # L36600

1. Corporation Name

Automotive Service Systems, Inc.

2. Principal Office Address	3. Mailing Office Address
6454 East Rogers Circle	P.O. Box 1515
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, FL	City & State: Pompano Beach, FL
Zip: 33487 Country: USA	Zip: 33061 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/15/1989

5. FEI Number: 65-0161374 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Robert W. Zankl

Street Address (P.O. Box Number is Not Acceptable): 6456 East Rogers Circle

Suite, Apt. #, Etc.:

City: Boca Raton State: FL Zip Code: 33487

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: X [signature] Date: 12/12/02

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
PT	Robert W. Zankl	P.O. Box 1515	Pompano Beach, FL 33061
VP/S	Scott Zankl	P.O. Box 1515	Pompano Beach, FL 33061

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: X [signature] 12/12/02 561-995-0134

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

CR2E081 (8/01)

Dec. 16, 2002

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Automotive Service Systems, Inc.

Ladies and Gentlemen:

Attached is a Reinstatement Form for the subject corporation.

The annual report form for 1994 was not received by the Corporation. I understand that, due to my not receiving the 1994 annual report form, the total fees for reinstatement are $1,515.00. Enclosed is a check in this amount.

Thank you for your assistance with this matter.

Very truly yours,

Robert W. Zankl, President
Automotive Service Systems, Inc.