

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
03 APR -9 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** M94318

**1. Corporation Name**

AUTOMOTIVE EXCELLENCE, INC.

000015561820  
04/09/03--01073--002 \*\*1950.00

**2. Principal Office Address**

5937 Tiner Avenue

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32809

Country

USA

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified  
To Do Business in Florida**

8-15-1988

**5. FEI Number**

59-2906405

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

Gerald S. Serio

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

611 Wymore Rd.

Suite, Apt. #, Etc.

Suite 206

City

Winter Park

State

FL

Zip Code

32789

**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

*Gerald S. Serio*

REGISTERED AGENT MUST SIGN

Date Apr. 7, 2003

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P/D    | Henry Wendzel                        | 5937 Tiner Avenue                                 | Orlando, Fl 32809  |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

**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:**

*Henry Wendzel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 7, 2003

Date

407-855-1838

Daytime Phone #

CR2E081 (10/02)