

FILED
Sep 05, 2002 8:00 A.M
Secretary of State

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLET

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>194000005885</u>			
1. Corporation Name Florida Anti-Car Theft Committee, Inc.			
2. Principal Office Address P.O. Box 13047 Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 13047 Suite, Apt. #, etc.	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33681	Country USA	Zip 33681	Country USA

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-09/10/02--01032--010
****420.00 ****420.00

REINSTATEMENT 99-02

4. Date Incorporated or Qualified To Do Business in Florida	11/28/94
5. FEI Number 65-0554325	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status	

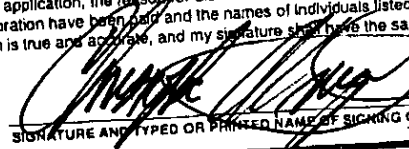
7. Name and Address of Current Registered Agent	
Name Colonel Christopher A. Knight	
Street Address (P.O. Box Number is Not Acceptable) 2900 Apalachee Parkway	
Suite, Apt. #, Etc. Neil Kirkman Building, B461 MS 41	
City Tallahassee	State FL
	Zip Code 32399-0552

8. I, being appointed the registered agent for the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.	Date 8/27/02
Signature of Registered Agent 	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
C	Knight, Col. Christopher A.	2900 Apalachee Pkwy. Room A437, MS40	Tallahassee, FL 32399
C	Walston, Drew	1891-9 Capital Circle N.E. Suite 10	Tallahassee, FL 32308
S	Dillon, Frank	10460 Roosevelt Blvd. Suite 317	St. Petersburg, FL 33716
T	Winnegar, George	10420 U.S. Highway 19	Port Richey, FL 34668
D	McChristian, Lynne	17200 Commerce Park Blvd.	Tampa, FL 33647
D	Garrison, Todd	14750 Six Mile Cypress Pkwy.	Ft. Myers, FL 33912

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Col. Christopher Knight

8/20/02 (850) 488-4885

Date

Daytime Phone #

9/9/02