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

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLET

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005885

REINSTATEMENT 99-02

1. Corporation Name

Florida Anti-Car Theft Committee, Inc.

2. Principal Office Address	3. Mailing Office Address
P.O. Box 13047	P.O. Box 13047
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33681 Country: USA	Zip: 33681 Country: USA

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 of the above named corporation, familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ REGISTERED AGENT MUST SIGN Date: 8/27/02

CR2E081 (9/01)

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: _____ Col. Christopher Knight 8/20/02 (850) 488-4885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

js 9/9/02