

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 OCT 21 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000000053

1. Corporation Name

American Powertrain &
Gears Inc.

2. Principal Office Address

8924 San Jose Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

8924 San Jose Blvd

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32257

Country

US

Zip

32257

Country

U.S.

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/99

5. FEI Number

65-0975792

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

MC MENAMY, William B.

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

50 N. Laura Street

Suite, Apt. #, Etc.

Suite 2925

City

Jacksonville

State
FL

Zip Code

32202

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

William B. McMenamy

REGISTERED AGENT MUST SIGN

Date

10/14/02

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
Pres.	Kevin L. Sneed	12783 Dogwood Hill Dr	Jacksonville FL 32223
Vice Pres.	Billy W. Bramon	Post Office Box 16702	Jacksonville FL 32245

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:

Kevin L. Sneed

Kevin L Sneed

10/14/02

904 886 7343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2081 (8/01)

7/10/23/12