PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 13 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000013887**

1. Corporation Name

AUTO SENSATION, INC.

Principal Place of Business	Mailing Address
3511 N.W 19TH STREET LAUDERDALE LAKES FL 33311	3511 N.W 19TH STREET LAUDERDALE LAKES FL 33311

REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/08/2000

5. FEI Number: 65-8978697 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	BLANCHETTE, DAVID	3511 N.W 19TH STREET	LAUDERDALE LAKES FL 33311

700023748937
10/13/03--01060--014 **158.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BLANCHETTE, DAVID 3511 N.W 19TH STREET LAUDERDALE LAKES FL 33311	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent _____ Date 10/9/2003

REGISTERED AGENT MUST SIGN

11. 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: _____ 954-731-0484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/2003 M-F = 10-7.

Date Daytime Phone #

AUTO SENSATIONS INC

3511 NW 19TH STREET
LAUDERDALE LAKES, FL 33311
(954) 731-0484

October 9, 2003

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

To Whom It May Concern:

Please waive the reinstatement fee, as we never received the 2003 corporation annual report/uniform business report. Enclosed is the application for reinstatement and a check in the amount of $158.75.

Should you have any questions, I can be reached at the phone number listed above.

Sincerely yours,

David P. Blanchette
President