PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State of Division of Corporations					FILED		
DOCUMENT # P00000055251							
1. Corporation Name					01 DEC 20 AM 10: 47		
PUTNAM AUTOMOTIVE, INC.					SECKETANTOUF STATE TABBAHASSEE FEORIDA		
Principal Place of Business Mailing Address) AND 14 BASS AND S AND S AND S AND S AND S AND S	110 11541 BURI (151 155)
731 STATE ROAD 20 PO BOX 615 HOLLISTER FL 32147 HOLLISTER FL 32147							
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					REINSTATEMENT 2001		
		Office Address, H. Applicable To Do Bu		4. Date Incorp. To Do Busin	orated or Qualified less in Florida	12000	
Suite, Apt. #, etc. Suite, Apt. #, etc.						~ Applied For	
City & State HCL1 STEV 1=L, HOLLIS			ter 1	FL,	59-36		Not Applicable
3214	7 PutNAM	3214	7 Pu	TNAM	CERTIFICATE		dditional Fee required Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each							
Title(s)	2 and/or Directors 3			Officer and/or Director		City / State / Zip	
P	RIVERA, PABLO	PO BOX 615		HOLLISTER FL 32147			
ST	RIVERA, DEBBIE L YNN	PO BOX 615		HOLLISTER FL 32147			
					1000047467211		
						****758.75 **	**758.75
							LS
	•					•	
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent		
CLARK, RONALD E Street Address (F					O. Box Number is Not Acceptable) ST SANS AUS		
PALATKA FL 32177 Suite, Apt. #, Etc.							
PALATKA State Zip Code 77							
10. I, being	appointed the registered agent of the al	oove named corpo	ration, am familiar wi	th and accept the ob	oligations of Section	on 607.0505, F.S.	
Signature of Registered Agent Date 10-14-01 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 filling 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.							

B28-026)
Daytime Phone #

SIGNATURE: SPANOTRES OF SIGNING OFFICER OR DIRECTOR