

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 29 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P000000110245

1. Corporation Name

Autofuse, Inc.

2. Principal Office Address

1975 E. Sunrise Blvd.

Suite, Apt. #, etc.

Suite 100

City & State

Fort Lauderdale, FL

Zip

33304

Country

USA

3. Mailing Office Address

1975 E. Sunrise Blvd.

Suite, Apt. #, etc.

Suite 100

City & State

Fort Lauderdale, FL

Zip

33304

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

4/28/00

5. FEI Number

65-1066395

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

Marc Combs

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

320 SE 11th Avenue

Suite, Apt. #, Etc.

Apt. 309

City

Pompano Beach

State

FL

Zip Code

33060

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

Marc Combs

REGISTERED AGENT MUST SIGN

Date 11/22/04

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
CEO	Stephen Kelley Jr.	1103 Waverly Drive	Ft. Laud. FL 33011
COO	Marc Combs	320 SE 11th Ave. #309	Pompano Beach, FL 33060

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:

Marc E. Combs Marc E. Combs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/04

Date

954-760-7010

Daytime Phone #

CF2E001 (01/04)