

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 18 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P01000048891*

1. Corporation Name

THE AUTO CLINIC, INC

2. Principal Office Address

1110 NE 4 AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

1110 NE 4 AVENUE

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

Zip

33304

Country

USA

City & State

FORT LAUDERDALE, FL

Zip

33304

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/15/2001

5. FEI Number

05-1130914

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

ZOLA C MILLIEN

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

1110 NE 4 AVENUE

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33304

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

Zola C Millien

REGISTERED AGENT MUST SIGN

Date

10/15/05

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
<i>D</i>	<i>MILLIEN, CAMILLE</i>	<i>1110 NE 4 AVE. FT LAUD, FL 33304</i>	<i>FORT LAUDERDALE, FL 33304</i>
<i>VP</i>	<i>MILLIEN, ELIZABETH C.</i>	<i>1110 NE 4 AVENUE</i>	<i>FT. LAUDERDALE, FL 33304</i>
<i>T</i>	<i>MILLIEN, JENNIFER Z</i>	<i>1110 NE 4 AVENUE</i>	<i>FT. LAUDERDALE, FL 33304</i>
<i>S</i>	<i>MILLIEN, ZOLA C</i>	<i>1110 NE 4 AVENUE</i>	<i>FT. LAUDERDALE, FL 33304</i>

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 corporation 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/05

Date

(954) 523-7693

Daytime Phone #

CR2E081 (01/04)

THE AUTO CLINIC, INC.

1110 N.E. 4 AVENUE
FORT LAUDERDALE, FL 33304
(954)523-7693

October 17, 2005

Ms Tina Roberts
Florida Department of State
Division of Corporations

Dear Ms Roberts:

Per our conversation today, I am enclosing the reinstatement form for the Auto Clinic, Inc. along with the appropriate fee.

Since I couldn't locate our registered agent and you said that we could change him, I tried to make the change on the reinstatement form but could not find where to do it so I went to your website and downloaded the appropriate form which is also enclosed with the corresponding fee. I hope this is sufficient to make the proper correction.

If you have any questions, you can call me or the Director, Camille Millien, at (954) 523-7693. We would appreciate it if you can expedite our request as soon as possible since time is of the essence.

Thank you very much you have been most helpful.

Sincerely,


Zoila C. Millien,
Secretary