

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
Mar 05, 2004 8:00 A.M.
Secretary of State

**CORPORATION
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P01000057535

1. Corporation Name

ADVANCED AUTOMOTIVE &
 BOAT RECONDITIONING, INC.

740400009045

2. Principal Office Address

201 N. Alternate 19

Suite, Apt. #, etc.

City & State

Tarpon Springs, Fl

Zip

34689

Country

Pinellas

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
 To Do Business in Florida**

6/11/2001

5. FEI Number

59-3731701

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

MICHAEL C. SHAFER

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

201 N. Alternate 19

Suite, Apt. #, Etc.

City

Tarpon Springs

State

FL

Zip Code

34698

000030258140

03/11/04 01014 025 **1098.75

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

Michael C. Shafer

REGISTERED AGENT MUST SIGN

Date

3/4/04

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
PST	Michael C. Shafer	201 N. Alternate 19	Tarpon Springs, Fl
VPD	Dominick Papaleo	201 N. Alternate 19	Tarpon Springs, Fl

REINSTATEMENT 02-04

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:

Michael C. Shafer

Michael C. Shafer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/04

Date

727-939-4700

Daytime Phone #

CR2E061 (01/04)