

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB 13 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Corporation Name

P01000064847

Automaton Engineering, Inc.

2. Principal Office Address

4540 Tiburon Ave

Suite, Apt. #, etc.

City & State

Spring Hill, FL

Zip

34608

Country

US

3. Mailing Office Address

4540 Tiburon Ave

Suite, Apt. #, etc.

City & State

Spring Hill, FL

Zip

34608

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

6/29/01

5. FEI Number

59-3730037

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

Jennifer L. Gatz

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

4540 Tiburon Ave

Suite, Apt. #, Etc.

City

Spring Hill

State

FL

Zip Code

34608

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

*Jennifer L. Gatz*

REGISTERED AGENT MUST SIGN

Date 2/4/03

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
PSTD	Gatz, Jennifer Loiacono	4540 Tiburon Ave	Spring Hill, FL 34608

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:

*Jennifer L. Gatz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/03

Date

352-650-6433

Daytime Phone #

CR2E081 (10/02)

2/17



Automaton Engineering, Inc.  
4540 Tiburon Avenue  
Spring Hill, FL 34608  
(352) 650-6433

Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

February 4, 2003

To Whom It May Concern:

Please waive the corporation reinstatement fee for Automaton Engineering, Inc. We received no request to file an annual report nor any other correspondence. A current mailing address is included in the reinstatement application, as well as the \$300 minimum fee.

Additionally, please provide any necessary forms and instructions so that Automaton's 2003 annual report may be filed in a timely manner.

Cordially,

A handwritten signature in dark ink, appearing to read "Jennifer L. Gatza", is written above the printed name.

Jennifer L. Gatza  
President