

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 AUG 18 PM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000097664**

1. Corporation Name

**AUTO ACCESSORIES & SEAT COVERS SPECIALISTS, INC.**

Principal Place of Business  
**1241 SOUTH STATE ROAD 7  
HOLLYWOOD FL 33023**

Mailing Address  
**1241 SOUTH STATE ROAD 7  
HOLLYWOOD FL 33023**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

**10/04/2001**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	HARRISON, VINCENT	1241 SOUTH STATE ROAD 7	HOLLYWOOD FL 33023
VD	HARRISON, ANTHONY	5250 NW 75 AVENUE	LAUDERHILL FL 33319
STD	HARRISON, CAROLYN	5250 NW 75 AVENUE	LAUDERHILL FL 33319

800022371078

08/18/03--01023--005 \*\*300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**HARRISON, VINCENT  
1241 SOUTH STATE ROAD 7  
HOLLYWOOD FL 33023**

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

**8/11/03**

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 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:

**SIGNATURE REQUIRED**

**HARRISON**

**954-985-7399**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED40 (8/02)

Auto Accessories & Seat Covers Specialist, Inc.

1241 South State Road 7

Hollywood, FL. 33023

August 13, 2003

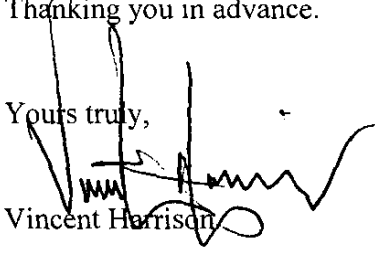
Dear Sir/Madam,

I am requesting a waiver from the reinstatement fee of Auto Accessories & Seat Covers Specialists, Inc., document number P01000097664, due to the fact that I did not receive the two prior Uniform Business Reports.

I have enclosed a check in the amount of \$300.00 that covers the 2002 and 2003 Uniform Business Reports. I have also enclosed an application for reinstatement.

Thanking you in advance.

Yours truly,

  
Vincent Harrison

President