

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 APR 23 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400125359654

04/23/08--01046--012 **758.75

CR2E081 (1/07)

DOCUMENT # P01000103861

1. Corporation Name

AUTOR, INC.

2. Principal Office Address - No P.O. Box #

1033 SILVER BEACH

Suite, Apt. #, etc.

48

City & State

RIVIERA BEACH

Zip

33404

Country

FLM BEACH

3. Mailing Office Address

J. SHEA

Suite, Apt. #, etc.

P.O. BOX 513

City & State

OLD LYME, CONN.

Zip

06371

Country

NEW LONDON

4. Date Incorporated or Qualified
To Do Business in Florida

10/24/01

5. FEI Number

651152557

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

JUDITH SHEA

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

1145 SUGAR SANDS RVD.

Suite, Apt. #, Etc.

City

SINGER IS

State

FL

Zip Code

33404

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 04-22-08

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
<u>P</u>	<u>JUDITH SHEA</u>	<u>40 POND RD.</u> <u>P.O. BOX 513</u>	<u>OLD LYME CT 06371</u>

REINSTATEMENT

04-08 [Signature]

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 contained in Chapter 119, 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] Judith Shea

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-22-08

Date

(860) 836-9386

Daytime Phone #