

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 MAR -4 PM 12:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P02000055978**

**1. Corporation Name**

AUTO CREATIONS, INC

**REINSTATEMENT** 03-04

000028057370

02/02/04--01092--009 \*\*750.00

**2. Principal Office Address**

335 SW 10TH AVE

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

Zip

33435

Country

US

**3. Mailing Office Address**

5728 STRAWBERRY LKS CIF

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

Zip

33463

Country

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

5/20/02

**5. FEI Number**

04-3672030

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

SHERLENE D. DAVIS

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

5728 STRAWBERRY LAKES CIRCLE

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33463

**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

Date

1-27-04

REGISTERED AGENT MUST SIGN

**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
PD	DARRYL WILSON	335 SW 10TH AVE	BOYNTON BEACH, FL 33435
VD	DENISE WILSON	335 SW 10TH AVE	BOYNTON BEACH, FL 33435

000028057370  
03/01/04--01016--017 \*\*150.00

**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:**

DARRYL WILSON

Date

1-27-04 (561) 827-3160

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)