

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 OCT 14 AM 8:00

DOCUMENT # **P02000109099**

1. Corporation Name

**A & M AUTO EXPRESSION, INC**

Principal Place of Business

Mailing Address

2301 S.W. 66TH TERRACE  
BAY #3  
DAVIE FL 33317  
US

2301 S.W. 66TH TERRACE  
BAY #3  
DAVIE FL 33317  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT** 03



200023794182

10/14/03--01060--031 \*\*150.00

*MRS*

4. Date Incorporated or Qualified  
To Do Business in Florida

10/08/2002

5. FEI Number

11-3658067

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<i>P</i>	<i>Michael S. McKinney</i>	<i>2301 S.W. 66th Terrace</i>	<i>DAVIE, FL 33317</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCKINNEY, MICHAEL S  
2301 S.W. 66TH TERRACE  
BAY #3  
DAVIE FL 33317

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

Date

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Michael McKinney* 10-7-03 954

Date

Daytime Phone #

CR20040 (7/03)

**A & M Auto Expressions  
2301 S.W. 66<sup>th</sup> Terr.  
Davie, FL 33317  
(954) 693-9030  
(954)915-9668 fax**

To Whom It May Concern:

This letter is to advised that the above referenced company has not received any (UBR) letter until recently. We were notified of the Notice of Administrative Dissolution or Revocation on October 8, 2003. Prior to this date we have not received any other notices. We had hired an accountant to take care of all our corporation filing, but to date he has not completed any of our filing. A & M has hired a new accountant and are in the process of completing all their corporation filing and taxes.

We are requesting that the State of Florida reinstate our corporation. Attached is the Application for Reinstatement. If you have any question please feel free to contact Cristina McKinney at the above number.

Sincerely



**Michael McKinney  
President  
A & M Auto Expressions**