

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 11 PM 1:29

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000126157

1. Corporation Name

Auto Transport Connection, Inc.

2. Principal Office Address - No P.O. Box #
19514 Cortez Blvd. #148

Suite, Apt. #, etc.

City & State
Brooksville, Florida

Zip Country
34601 USA

3. Mailing Office Address
19514 Cortez Blvd. #148

Suite, Apt. #, etc.

City & State
Brooksville, Florida

Zip Country
34601 USA

REINSTATEMENT

CRP0031(1/07)

03-07

4. Date Incorporated or Qualified
To Do Business in Florida 11/27/2002

5. FEI Number

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
Paul R. Wagner, Jr.

Street Address (P.O. Box Number is Not Acceptable)
19514 Cortez Blvd. #148

Suite, Apt. #, Etc.

City
Brooksville, Florida

State Zip Code
FL 34601

☐ 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

Paul R. Wagner

Date *5/09/07*

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
DP	Paul R. Wagner, Jr.	19514 Cortez Blvd. #148	Brooksville, Florida 34601
	<i>025/18</i>		100103096221 05/23/07--01010--024 **1358.75

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: *X Paul R. Wagner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul R. Wagner

X 5/09/07

Date

813-277-6336

Daytime Phone #