

29 05:10:53a

Philippe

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000049027

1. Entity Name
AUTOMANIAC INCFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 29 AM 11:22

Principal Place of Business

4701 SW 45th St.
FT. LAUDERDALE FL 33314

Mailing Address

P.O. Box 4990
FT. LAUDERDALE FL 33338

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11282005

REIN-P

CR2E098 (6/04)

4. FEI Number

200880799

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANSERMET, PHILIPPE
4701 SW 45th St.
FORT LAUDERDALE, FL 33314

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
P	ANSERMET, PHILIPPE	4701 SW 45 th St.	FORT LAUDERDALE, FL 33314	

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete

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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(r), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-29-2005

Daytime Phone #

11/29

10 ADVISY -

11-29-05

To whom it may concern:

I did pay on time with check # 1007
issued on 03.23.05 BANK OF AMERICA.

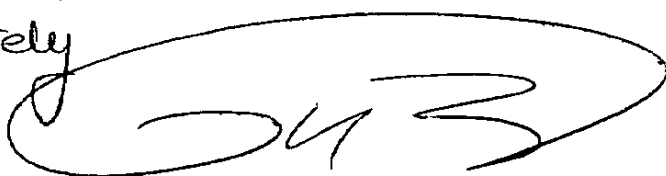
I never received a request from you
regarding additional informations.

Please waive the late fee.

Thank you very much in advance, and
I am sorry for the inconvenience.

Please reinstate my corporation as soon
as possible because DMV suspended my
license for this reason, and I can't work
until my corporation is reinstate.

Sincerely



Philippe ANDERMET
AUTOMANIAC INC.
4701 SW 45th St.

FORT LAUDERDALE, FL 33314

Tel # 954-821-4814 FAX # 954-767-6510

MANIAC@AOL.COM