FILED

07 DEC 11 PM 3: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000068191

1. Corporation Name

AUTO-JACK, INC.

700113042987
12/11/07--01045--003   **300.00

REINSTATEMENT 06-07

| **2.** Principal Office Address - No P.O. Box # | **3.** Mailing Office Address |
| 3500 N.STATE RD. 7 | SAME |

| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 464 B | |

4. Date Incorporated or Qualified
To Do Business in Florida   05/10/2005

| City & State | City & State |
| LAUDERDALE LAKES, FL | |

5. FEI Number   20-2770643

☐ Applied For
☐ Not Applicable

| Zip | Country | Zip | Country |
| 33319 | USA | | |

6. CERTIFICATE OF STATUS DESIRED ☐

$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
BARRINGTON COOMBS

Street Address (P.O. Box Number is Not Acceptable)
3500 N. STATE ROAD 7

Suite, Apt. #, Etc.
464 A

City
LAUDERDALE LAKES

State
FL

Zip Code
33319

☑ 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 _____ Barrington Coombs
REGISTERED AGENT MUST SIGN

Date   12/6/07

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
P	KIMBOUGH A. SANDBECH	6351 ADAMS STREET	JUPITER, FL 33458
VP	BARRINGTON G. COOMBS	1311 ST TROPEZ CIR,#1603	WESTON, FL 33326
SEC/TREA	MICHELLE M. KNOTT	3520 W. HILLSBORO BLVD. # 203	COCONUT CREEK, FL 33073

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: _____ Michelle Knott   12/6/07   (561) 502-6279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #