

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR 27 PM 6:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 005000149462

1. Corporation Name

AUTMENTIX Body Shop INC

2. Principal Office Address - No P.O. Box #

2950 West Cypress Creek

Suite, Apt. #, etc.

101

City & State

Fort Lauderdale

Zip

33309

Country

USA

3. Mailing Office Address

7154 N. University DR

Suite, Apt. #, etc.

94

City & State

Fort Lauderdale

Zip

33321

Country

USA

03/05/08 01041 012 \$450.00
03/05/08 01041 011 \$8.75
CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

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

JAMES O'DONNELL

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

7154 N. University DR

Suite, Apt. #, Etc.

94

City

TAMPA

State

FL

Zip Code

33321

☒ 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

James O'Donnell
REGISTERED AGENT MUST SIGN

Date

3/25/08

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
Pres	JAMES O'DONNELL	2950 West Cypress Creek Rd #101 FT LAUDERDALE FL 33309	

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:

James O'Donnell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/25/08

Daytime Phone #

23/27