

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 20 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P21231

1. Corporation Name

AT&T Automotive Services, Inc.

2. Principal Office Address

1 CIT Drive

Suite, Apt. #, etc.

City & State

Livingston, NJ

Zip

07039

Country

USA

3. Mailing Office Address

1 CIT Drive

Suite, Apt. #, etc.

Mailstop 1320-1

City & State

Livingston, NJ

Zip

07039

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/10/1988

5. FEI Number

22-2908743

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

01-04

7. Name and Address of Current Registered Agent

Name

C T Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

100036932301

05/19/04--01054--013 **1050.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Jill E. Kranz

Assistant Secretary

Date

5/4/04

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	William L. Schumm	1 CIT Drive	Livingston, NJ 07039
D, Treas	Glenn A. Votek	1 CIT Drive	Livingston, NJ 07039
D, VP	Robert J. Ingato	1 CIT Drive	Livingston, NJ 07039
VP/Secy	Eric S. Mandelbaum	1 CIT Drive	Livingston, NJ 07039
D	Thomas L. Abbate	1 CIT Drive	Livingston, NJ 07039
Asst Sec	Linda M. Seufert	1 CIT Drive	Livingston, NJ 07039

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 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]

Linda Seufert, Asst. Secretary

5/3/2004

(973) 740-5796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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