	PLEASE RE	AD ALL INS	<b>TRUCTIONS</b>	BEFORE C	OMPLET	ING THIS F	ORM.)	-4
	FORGENT STATEMENT	FLORIC	DA DEPARTME Sandra B. Mo Secretary of S  OIVISION OF CORPO	NT OF STATE <b>rtham</b> State		Fil	ED 2: 11	
DOCUMENT # P37914  1. Corporation Name					SECHETARY OF STATE TALLAHASSEE, FLORIDA			
ប, ទ	. Automotive Manuf	acturing, I	nc.		t 	.,		
187	lace of Business 5 East Lake Mary B ford, FL 32773	Mailing Add	ress		DEN			2 PV
II above a	ddresses are incorrect in any way,				HEIN	STATE	MENT	1235
			ng Office Address, If Applicable			orated or Qualified ness in Florida	3/16/92	-
Suite, Apt. #, etc.  Suite, Apt. # City & State  City & State			etc. 5. FEI N			5-0309477	Applied	
Z <sub>ip</sub>	Country	Zip	Countr	у	6. CERTIFICATI	E OF STATUS DESIRE	S8.75 Additional Fee	required
7 Names	and Street Addresses of Each Office	ovida popovotil corpor:	ations must list at les	<u> </u>		for a Certificate of S	status	
Title(s)	Name of Office and/or Direction	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			4	Cily / State / Zip		
С	John W. Kohut	711 5th A	711 5th Ave., 14th Floor			k, NY 10022		
P/D	Martin Chevalier	Rte. 627, Airport Drive			Tappahat	nnock, VA 22560	,	
D	Mandel Sherman	750 Shames Drive			Westbury, NY 11590			
D	David Love		68 Hammond Pond Part				t Hill, MA 0216	
						-08/03/9901095011 -*******8.75 ******8.75		
						poogogs	949720	-3
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent			
Corporation Service Company, Inc.								
1201	Hayes Street		Street Address (F	P.O. Box Number is Not Acceptable)				
Talla	ahassee, FL 32301	Suite, Apt. #, Etc.						
				City		·	State Zip Code	
10 I, being Signature of Registered	appointed the registered agent of the Agent Agent Agent L	Dung	oration, am familiar wi	ith and accept the ob	oligations of Secti		123199	
11. Thi	is corporation owes o	or has paid th	e current yea	ar Yes 🗖	No 🏻	(See	other side for information on intangible tax.)	
12. I certify this reins owed by	that I am an officer or director or th statement application, the reason for the corporation have been paid ar application is true and accurate, and	e receiver or trustee er or dissolution has been nd the names of individ	npowered to execute eliminated, the corpo luats listed on this for	orate name satisfies t m do not qualify for a	the requirements an exemption und	of section 607.0401	or 617.0401, F.S., that all fe	es
SIGNAT	URE:	7-22-99 212-223-2451						
	SIGNATURE AND TYPED  John W. Kohi	or printed name of : it, Chairman	signing officer of t of the Boa	rd	-	Date	Daytime Phone #	