

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 20 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000025931

1. Corporation Name

Automotive Enthusiasts, Inc.

2. Principal Office Address

3098 Polk Avenue

Suite, Apt. #, etc.

City & State

Spring Hill, FL

Zip

34609

Country

Hernando

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

—

Zip

—

Country

—

4. Date Incorporated or Qualified
To Do Business in Florida

April 8, 1993

5. FEI Number

593180454

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

John Losurdo

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

3098 Polk Avenue

Suite, Apt. #, Etc.

City

Spring Hill

State

FL

Zip Code

34609

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

John Losurdo
REGISTERED AGENT MUST SIGN

Date

12-14-06

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
DP	John Losurdo	3098 Polk Avenue	Spring Hill, FL 34609
	<i>John Losurdo</i>		

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

John Losurdo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Losurdo

9/26/06
Date

727-844-3504
Daytime Phone #