

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

1997 FEB 17 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 095000024267

1. Corporation Name

**AUTOMOTIVE ENTERPRISES OF
PINELLAS INC.**

Principal Place of Business

Mailing Address

**6450 PARK BLVD.
PINELLAS PARK FL. 33781**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		APRIL 12 1995	
City & State		City & State		5. FEI Number	
Zip		Country		59-331-3810	
				CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PRES.	LIDIA FERRENTINO	3505 TARPON WOODS K-407	PALM HARBOR FLA. 34685
V.P.	HENRY C. RYAN JR.	7312 WILLOW PARK DR. 1	TAMPA FLA. 33637
			400002092954--9 -02/20/97--01030--016 ***923.75 ***923.75
REINSTATEMENT			

8. Name and Address of Current Registered Agent

**MICHAEL FERRENTINO
6450 PARK BLVD
PINELLAS PARK FLA.
33781**

9. Name and Address of New Registered Agent

Name **HENRY C. RYAN JR.**
Street Address (P.O. Box Number is Not Acceptable) **7312 WILLOW PARK DR.**
Suite, Apt. #, Etc.
City **TAMPA FLA. 33637** State **FL** Zip Code **33637**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

H. C. Ryan Jr.

REGISTERED AGENT MUST SIGN

Date **2-13-97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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:

Lidia V. Ferrentino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lidia V. Ferrentino

2-13-97 **813**
Date Daytime Phone #
5446566

CR2E040 (12/96)