100110171011	DE MEAD ALL III	STRUCTIONS	BEFORE COM	MPLETING THIS FORM.	
APPLICATION FOR		RIDA DEPARTMEN Sandra B. Mört	T OF STATE	APPROVEU AND FILED	•
REINSTATEMENT		Secretary of St		1997 FEB 1 7 AM 8:	57
DOCUMENT #100	15000024	1261			
Corporation Name				SECRETARY OF STATE	TE RIDA
AUTOMOTI	IVE ENTE	RPRISES	OF		
	INC.				
Principal Place of Business	DOK BLV	<b>W</b> ·			
PINIELLA	5 PARK	FL. 3.	3781		
7 770 12					
If above addresses are incorrect in 2. New Principal Office Address If a		ect information and enter c Mailing Office Address, If A		Date Incorporated or Qualified	
		Suite, Apt. #, etc.		To Do Business in Florida	12 1995
Suite Apt #, etc.  City & State		City 8 State		FEI Number 59-33/-38/0	Applied For
<u> </u>			6.	C9.75	Not Applicable  Additional Fee required
Zip Country	Zip	Country			a Certificate of Status
7. Names and Street Addresses of Names	Each Officer and/or Director me of Officers		ions must list at least 3 et Address of Each	directors)	
Title(s) and 2	Offi	Officer and/or Director City / State / Zip (Do NOT Use Post Office Box Numbers) 4			
PRES. LIDIA	FERRENTI	3505	TARPON	WOODS PALM H	ARBOR
TRES. LINIA	ERRENTI		WILLOW!	DARK -	673
V.P. HENRY	-: KYAN JA	· BR·1	<i>~</i> /c==	/AMPA/2	A. 33637
	•				
				<b>400002082</b>	9549
				40002082 -02/20/970 ****923.75	9549 1030016 ****923.75
				****923.75	1030016 ****923.75
			REII	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	1030016 ****923.75
			REII	****923.75	1030016 ****923.75
	dress of Current Registered			****923.75	1030016 ****923.75
MICHAEL	- FERRER	UTINO	Name HENR	****923.75  NSTATEMENT  Name and Address of New Registered Ag  OV C. RYAN TR.	1030016 ****923.75
MICHAEL 6450 PA	- FERREN ALK BLVD	UTINO	Name HENK Street Address (P.O. 13/2)	NSTATEMENT AW	1030016 ****923.75
MICHAEL	- FERREN ALK BLVD PARK	TLA.	Name HENR Street Address (P.O.	NSTATEMENT  Name and Address of New Registered Age  Name and Name a	1030016 ****923.75
MICHAEL 6450 PA PINECLAS	FERREN PARK PARK 33	TINO FLA. 3781	Street Address (P.O. I	NSTATEMENT  Name and Address of New Registered Ag  No. C. C. A. J. C.  Box Number is Not Acceptable Ag  No. C. C. C. C.  Box Number is Not Acceptable Ag  No. C. C.  State  F.A. 33637  FL	1030016 ****923.75
MICHAEL 6450 PA PINECLAS  10. 1. being appointed the registered	FERRENCE BLVD PARK 3 d agent of the above named	TINO FLA. 3781	Street Address (P.O. I	NSTATEMENT  Name and Address of New Registered Ag  OF CONTROL  Box Number is Not Acceptable  ACCOUNTY ARK  State FL  tions of Section 607.0505, F.S.	1030-016 ****923.75 0119997 109997
MICHAEL 6450 PA PINECLAS	FERREN  ARK BLVD  PARK  3  d agent of the above named of the above nam	TINO FLA. 3781	Street Address (P.O. I	NSTATEMENT  Name and Address of New Registered Ag  No. C. C. A. J. C.  Box Number is Not Acceptable Ag  No. C. C. C. C.  Box Number is Not Acceptable Ag  No. C. C.  State  F.A. 33637  FL	1030-016 ****923.75 0119997 109997
MICHAEL 6450 PA PINECLAS  10. I, being appointed the registered Signature of	TERREA PARK 3 d agent of the above named of REGISTERED ation pay any inta	TIND  FLA  B 78    Corporation, am familiar with the corporation of th	Street Address (P.O. 1737) Suite, Apt. #, Etc.  City Ample h and accept the obligat	NSTATEMENT  Name and Address of New Registered Ag  OF CONTROL  Box Number is Not Acceptable  ACCOUNTY ARK  State FL  tions of Section 607.0505, F.S.	210 Confe 37
10. I, being appointed the registered Signature of Registered Agent 11. Does this corporation of Revenue.	d agent of the above named of REGISTERED attion pay any intage under S. 199.03 rector or the receiver or truste re reason for dissolution has been paid and the names of in	corporation, am familiar with an angible tax to the say, Florida Statuse empowered to execute to been eliminated, the corpordividuals listed on this form	Street Address (P.O. 1) Suite, Apt. #, Etc.  City Amp A h and accept the obligate this application as provicate name satisfies the rid on ot qualify for an ex	Name and Address of New Registered Ag  V.C. ZYAN JR.  Box Number is Not Acceptable)  Box Number is Not Acceptable)  Consider the State of Section 607.0505, F.S.  Date 2 - /3 - 9  (See other side on intangit of section 607.0401 or 617.0401 are requirements of section 607.0401 or 617.0401 xemption under section 119.07(3)(i), F.S. The	2 conferent or information bile tax.)
10. I, being appointed the registered Signature of Registered Agent 11. Does this corporation of Revenue 12 I certify that I am an officer or diffusional this reinstatement application, the owed by the corporation have be	d agent of the above named of REGISTERED attion pay any intage under S. 199.03 rector or the receiver or truste re reason for dissolution has been paid and the names of in	corporation, am familiar with an angible tax to the say, Florida Statuse empowered to execute to been eliminated, the corpordividuals listed on this form	Street Address (P.O. 1) Suite, Apt. #, Etc.  City Amp A h and accept the obligate this application as provicate name satisfies the rid on ot qualify for an ex	Name and Address of New Registered Ag  V.C. ZYAN JR.  Box Number is Not Acceptable)  Box Number is Not Acceptable)  Consider the State of Section 607.0505, F.S.  Date 2 - /3 - 9  (See other side on intangit of section 607.0401 or 617.0401 are requirements of section 607.0401 or 617.0401 xemption under section 119.07(3)(i), F.S. The	2 conferent or information bile tax.)
10. I, being appointed the registered Signature of Registered Agent 11. Does this corporation of Revenue 12 I certify that I am an officer or diffusional this reinstatement application, the owed by the corporation have be	REGISTERED at ion pay any intage under S. 199.03 rector or the receiver or truste reason for dissolution has been paid and the names of incurate, and my signature shall which is the control of the rector of the receiver or truste reason for dissolution has been paid and the names of incurate, and my signature shall which is the control of the rector of the receiver or truste reason for dissolution has been paid and the names of incurate, and my signature shall be a supplied to the rector of the receiver or truste reason for dissolution and the rector of th	corporation, am familiar with an angible tax to the say, Florida Statuse empowered to execute to been eliminated, the corpordividuals listed on this form	Street Address (P.O. 1  Suite, Apt. #, Etc.  City  Amanda  h and accept the obligate  this application as provious a name satisfies the rand on ot qualify for an etct as if made under oath	Name and Address of New Registered Ag  V.C. ZYAN JR.  Box Number is Not Acceptable PARK  State FL.  Date  On intangle  ded for in chapter 607 or 617, F.S. I further cerequirements of section 607.0401 or 617.0401 or 617.0401.  8/3	2 conferent or information bile tax.)