

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

00 JAN 10 PM 12:10

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # **P95000024267**
 1. Corporation Name
AUTOMOTIVE ENTERPRISES OF PINELLAS, INC.

Principal Place of Business Mailing Address
 6450 PARK BLVD 6450 PARK BLVD
 PINELLAS PARK FL 33781 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.		03/27/1995	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3313810	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input 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	4 City / State / Zip
P	FERRENTINO, LIDIA	5609 Oakridge Dr	Palm Harbor, FL 34685
			2000003103922--3 -01/20/00--01026--008 ***300.00 ***300.00
REINSTATEMENT 99-00 TS			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
RYAN, HENRY C JR. 9720 CYPRESS SHADOW AVE TAMPA FL 33647		Name Fox, Gregory A Street Address (P.O. Box Number is Not Acceptable) 28050 US 19 North Suite, Apt. #, Etc. Suite 100 City Clearwater State FL Zip Code 33761	

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 *Gregory Fox* **SIGNATURE REQUIRED** Date 1/7/2000
 REGISTERED AGENT MUST SIGN

11. 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 REQUIRED** Date 1/6/2000 Daytime Phone # 736-6228
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Lidia V. Ferrentino

CR2E040 (8/99)