

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P95000085207

1. Corporation Name

A & M AUTOMOTIVE INC.

Principal Place of Business

4820 PLACIDA RD
ENGLEWOOD FL 34224
US

Mailing Address

4820 PLACIDA RD
ENGLEWOOD FL 34224
US

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 Organized To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	10/25/1995
City & State	City & State	5. FEI Number
Zip	Country	65-0627068
		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)

Title(s)	1	Name of Officers and/or Directors	2	Street Address of Each Officer and/or Director	3	City / State / Zip	4
D		MCEWEN, ALAN E JR		1610 YAKUTAT ROAD		NORTH PORT FL 34287	
D		MCEWEN, TERRIA A		1610 YAKUTAT ROAD		NORTH PORT FL 34287	
							200003744852-7
							-02/21/01-01025-024
							****900.00 ****900.00

8. Name and Address of Current Registered Agent

MCEWEN, ALAN E JR
4820 PLACIDA RD
ENGLEWOOD FL 34224

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL Zip Code

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

REGISTERED AGENT MUST SIGN

Date 8 FEB 2001

CR2E040 (8/00)

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.

KE

SIGNATURE: *Terria A McEwen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/01 9416975004
Date Daytime Phone #