

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT

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



FILED

98 JUL -6 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000011436

1. Corporation Name
AUTOMOTIVE SOFTWARE, INC.

Principal Place of Business Mailing Address
5801 NW 62nd STREET
PARKLAND, FL 33067

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.		1-31-96	
City & State		City & State		5. FEI Number	
Zip		Country		65-0644013	
				6. 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
P	MICHAEL SALVATORE	5801 NW 62 nd STREET	PARKLAND, FL 33067
			800002585128--0
			07/10/98 01048--007
			****323.75 ****323.75

158
7/10/98

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MICHAEL SALVATORE		Name	
5801 NW 62 nd STREET		Street Address (P.O. Box Number is Not Acceptable)	
PARKLAND, FL 33067		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 *Michael Salvatore* Date *June 29, 98*

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: *Michael Salvatore* Date *June 29, 98* Daytime Phone # *954 755-0510*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (1/98)

②

June 29, 1998

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Automotive Software, Inc.
EIN # 65-0644013

To Whom It May Concern:

Please find enclosed a check for \$323.75 for reinstatement and certificate of status along with the completed application for reinstatement for the above corporation.

The Annual Report was not mailed to the Corporation's current address and therefore, the corporation was erroneously involuntarily dissolved.

Please note in your records that all correspondence regarding the above corporation should be sent to:

5801 NW 62nd Street
Parkland, FL 33067

Thank you for your response to our request for reinstatement.

Sincerely,



Michael Salvatore
President