

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR</b> <b>1998-1999 AR</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <span style="font-size: 1.5em;">P960000032013</span>			
1. Corporation Name <span style="font-size: 1.2em;">Auto - GARD / Q.M.I. INC</span>			
Principal Place of Business		Mailing Address	
If above addresses are incorrect in any way, line through incorrect information and enter correction below			
2. New Principal Office Address, If Applicable <span style="font-size: 1.1em;">3606 CRAFTS MAN BLVD.</span> Suite, Apt #, etc.		3. New Mailing Office Address, If Applicable <span style="font-size: 1.1em;">P.O. BOX 1149</span> Suite, Apt #, etc.	
City & State <span style="font-size: 1.1em;">LAKE LAND FL</span> Zip <span style="font-size: 1.1em;">33803</span>	Country <span style="font-size: 1.1em;">POLK</span>	City & State <span style="font-size: 1.1em;">PORT RICHEY, FL</span> Zip <span style="font-size: 1.1em;">34673</span>	Country <span style="font-size: 1.1em;">PASCO</span>
4. Date Incorporated or Qualified To Do Business in Florida <span style="font-size: 1.2em;">4-5-1996</span>			
5. FEI Number <span style="font-size: 1.2em;">59-3373404</span>		Applied For <input type="checkbox"/> Not Applicable	
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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P-D	JOHN H. NICHOLSON	4902 FORCASTLE DR.	NEW PORT RICHEY, FL 34652
V.P.-D	KENNETH WAYNE TITUS	211 W. POINTSATHA ST.	LAKE LAND, FL 33803
V.P.-S-T-D	SHANE I. WILKINS	1425 HALLAM DR	LAKE LAND, FL 33813
100002787971--6 -02/25/99--01100--012 ****308.75 ****308.75			
8. Name and Address of Current Registered Agent JOHN H. NICHOLSON 4902 FORCASTLE DR NEW PORT RICHEY, FL 34652		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, Etc. City State <span style="border: 1px solid black; padding: 2px;">FL</span> 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 <span style="font-family: cursive;">John H. Nicholson</span> Date <span style="font-size: 1.2em;">2-14-99</span> REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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: <span style="font-family: cursive;">John H. Nicholson</span> - PRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
		Date <span style="font-size: 1.2em;">727-847-5441</span> Daytime Phone #	