

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAR 17 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA60000038964

1. Corporation Name

A+R AUTOMOTIVE INC.

2. Principal Office Address

10018 SPANISH ISLE BLVD

Suite, Apt. #, etc.

BLDG A # 19

City & State

Boca RATON, FL

Zip

33498

Country

Palm beach

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5-6-96

5. FEI Number

65-0667601

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SHANNON ROBERTS

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

12273 TANGERINE BLVD

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33412

900049904549

04/05/05-01045-010 **1050.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Shannon Roberts

Date

1-21-05

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	LOCKE C. ROBERTS	12273 TANGERINE BLVD	WPB, FL 33412
SEC TREAS RJA	Shannon I Roberts	12273 TANGERINE BLVD	WPB, FL 33412

REINSTATEMENT 03-05

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-05

Date

Daytime Phone #

561 616 2300

CR2081 (01/05)