

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000033279

1. Corporation Name
AUTO MANAGEMENT INC.

2. Principal Office Address
2603 MUSKEGON WAY

3. Mailing Office Address
2603 MUSKEGON WAY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WEST PALM BEACH, FL.

City & State
WEST PALM BEACH, FL.

Zip
33411 Country
USA.

Zip
33411 Country
USA.

4. Date Incorporated or Qualified
To Do Business in Florida **1998**

5. FEI Number 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
Mark A. MAIDA
Street Address (P.O. Box Number is Not Acceptable)
2603 MUSKEGON WAY.
Suite, Apt. #, Etc.

500003368375-1
-08/23/00--01028--001
*****1050.00 ***1050.00**

City
WEST PALM BEACH State
FL Zip Code
33411

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 **[Signature]** Date **8/3/00**
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.	ANDREA MAIDA	2603 MUSKEGON WAY	W.P.B FL. 33411
VP	MARK A MAIDA	2603 MUSKEGON WAY	W.P.B FL. 33411

REINSTATEMENT 98-0075

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]** **Mark A MAIDA** Date **8/4/00** Daytime Phone # **561-704-8293**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (8/99)