

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC 23 AM 9:16

DOCUMENT # PA7000067693

1. Corporation Name

MOORMAN AUTOMOTIVE ENGINEERING INC
4019 CREIGHTON RD
PENSACOLA FL 32504

200009701682
12/26/02--01073--013 **8.75

2. Principal Office Address

4019 CREIGHTON RD

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA FL

City & State

Zip

32504

Country

Zip

Country

REINSTATEMENT 00-02

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

8-4-97

5. FEI Number

59-3462622

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

STARLON MOORMAN

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

4019 CREIGHTON RD

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32504

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 12-23-02

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 | STARLON MOORMAN | 4019 CREIGHTON RD | PENSACOLA FL 32504 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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]

12-23-02

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)