

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

03 APR -9 AM 7:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 99-03

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000068673

1. Corporation Name
AUTOCRAFTERS INTERNATIONAL, INC.-III

2. Principal Office Address
1340 Cassat Avenue

3. Mailing Office Address
1340 Cassat Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jacksonville, Florida 32210

City & State
Jacksonville, Florida 32210

Zip Country
32210 Duval

Zip Country
32210 Duval

4. Date Incorporated or Qualified
To Do Business in Florida 8/6/97

5. FEI Number
593467696

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

Daniel D. Akel, Esquire

200014106692
03/17/03--01016--002 **150.00

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

One Independent Drive

Suite, Apt. #, Etc.

Suite 2301

04/09/03--01076--024 **1200.00

City

Jacksonville

State Zip Code
FL 32202

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]
REGISTERED AGENT MUST SIGN

Date 3/3/03

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 |
|--------|--------------------------------------|---|-----------------------------|
| D | Ronald G. Hopkins | 2144 Matefield Road | Jacksonville, Florida 32225 |
| D | Timothy N. Ellis | 1340 Cassat Avenue | Jacksonville, Florida 32210 |
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04/09/03--01076--024 **1200.00

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD G. HOPKINS

3-10-03 (904) 381-6530
Date Daytime Phone #

25 4/10