

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR		FLORIDA DEPARTMENT OF STATE Kathleen Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #		98-99	
1. Corporation Name		Automated Crate Systems, Inc.	
Principal Place of Business		Mailing Address	
960 Stonechapel Ct		"Same"	
Apopka, FL 32712			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip		Country	
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number	
8-22-1997		59-3466901	
6. CERTIFICATE OF STATUS DESIRED		Applied For	
X		Not Applicable	
		\$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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
President	Chuck Lewis, Jr.	960 Stonechapel Ct	Apopka, FL 32712
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Chuck Lewis, Jr.		Name	
960 Stonechapel Ct.		Street Address (P.O. Box Number is Not Acceptable)	
Apopka, FL 32712		Suite, Apt #, Etc	
		City	
		State Zip Code	
		FL	
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		Date	
[Signature]		1-11-99	
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:		(407)	
[Signature]		884-4283	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
Chuck Lewis		1-11-99	

FILED

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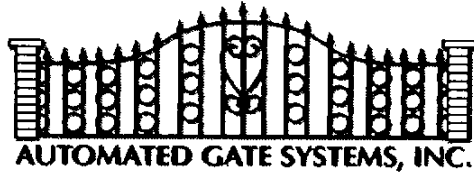
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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B. 98-99AR

2/2/99 AR

CR2001 (12/98)



960 Stonechapel Ct. • Apopka, Florida 32712 • 884-4283

January 11, 1999

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

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Re: Corporation Paperwork

To whom it may concern,
I did not receive my paperwork from the State as required to file for my Corporation papers to keep my Corporation status current. Please make sure you have our current address: 960 Stonechapel Ct. Apopka, FL 32712. Please, If possible wave the penalty fee of \$600.00. I am sending the Payment of 300.00 plus the extra \$8.75 for a certificate.

If you have any questions please call Chuck Lewis at 1-407-884-4283 with any questions.

Thanks,

Chuck Lewis