

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

99 JAN -7 PM 3:11

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000080773**

1. Corporation Name
AUTO DYNAMICS, INC.

Principal Place of Business	Mailing Address
7111 NORTON AVE., BAY 6 & 7 WEST PALM BEACH FL 33405	7111 NORTON AVE., BAY 6 & 7 WEST PALM BEACH FL 33405



REINSTATEMENT

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/17/1997	
City & State		City & State		5. FEI Number	
Zip		Country		65-0785353	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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
D	PIRES, EDUARDO	2580 FAIRWAY ISLAND DRIVE	WELLINGTON FL 33414
D	BALTUSKOWIS, CHESTER	1505 TROPICAL DRIVE	LAKE WORTH FL 33460
			300002743063-4 01/15/99-01009-024 ***1500.00 ***750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CLOSE, THOMAS V ESQ. 42794 W. FOREST HILL BLVD., #11A WELLINGTON FL 33414		Name DALE R. STONE, CPA Street Address (P.O. Box Number is Not Acceptable) 4500 BELVEDERE ROAD - SUITE F2 Suite, Apt. #, Etc. City WEST PALM BEACH	
		State	Zip Code
		FL	33415-1357

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 *Dale R Stone CPA* **SIGNATURE REQUIRED** Date 1/5/99
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (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: **SIGNATURE REQUIRED** *[Signature]* Date Jan 4 99 Daytime Phone # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E040 (9/98)