

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 MAY 29 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000082184(7)

1. Corporation Name

AUTOMOTIVE MARKETING CORP.

2. Principal Office Address

880 NW 115TH AVE

Suite, Apt. #, etc.

City & State

PLANTATION, FL

Zip

33325

Country

USA

3. Mailing Office Address

880 NW 115TH AVE

Suite, Apt. #, etc.

City & State

PLANTATION, FL

Zip

33325

Country

USA

REINSTATEMENT 99-03

4. Date Incorporated or Qualified
To Do Business in Florida

09/22/1997

5. FEI Number

65-0876226

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

SCATURRO, JOSEPH

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

880 NW 115TH AVE

Suite, Apt. #, Etc.

City

PLANTATION

State
FL

Zip Code

33325

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

Joseph Scaturro

REGISTERED AGENT MUST SIGN

Date 5/27/2003

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
P/ST/D	SCATURRO, JOSEPH	880 NW 115TH AVE	PLANTATION, FL 33325

300020427183
06/03/03--01069--019 **1358.75

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:

Joseph Scaturro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/2003

Date

(561) 515-2500

Daytime Phone #