

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR **RM** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

99 NOV 15 PM 3:49

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P98000004692**  
 1. Corporation Name  
**Automobile Specialists Inc**

Principal Place of Business Mailing Address  
**1472 Airport Pulling Rd S PO Box 1149**  
**Naples, Fl. 34101 Auburn, Al. 36831**

**REINSTATEMENT 99**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.  
 2. New Principal Office Address, If Applicable  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. New Mailing Office Address, If Applicable  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **1998** **SP**  
 5. FEI Number **105-0814828**  
 Applied For Not Applicable  
 6. CERTIFICATE OF STATUS DESIRED  See 207.111 for information on this 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
Pres	H D Fuller Jr	802 Druid Rd W	Clearwater, Fl. 38756
Sec/Treas	Nancy Shields	306 Sanford Ave	Opelika, Al. 36801

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 \*\*\*\*\*750.00 \*\*\*\*\*750.00

8. Name and Address of Current Registered Agent  
**Nancy Shields**  
**1472 Airport Pulling Rd S**  
**Naples, Fl. 34101**

9. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code

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 **[Signature]** REGISTERED AGENT MUST SIGN Date **10/22/99**

11. This corporation owes 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 of 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  
 Date **10/22/99** Daytime Phone # **334-821-7998**

CR2001 (12/98)