

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 DEC -3 AM 10: L I

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000025777

1. Corporation Name

AUTOMOTION SERVICES, INC.

Principal Place of Business

Mailing Address

9601 Sunbeam Center Drive  
Jacksonville, FL 32257

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

3/6/98

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3504027

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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 Titles	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.	THOMAS E. YORK	12550 Agatite Rd.	JACKSONVILLE, FL 32258
VP	DONALD H. YORK	722 Ponte Vedra Blvd	Ponte Vedra Beach, FL 32082
			400003069974--4
			-12/14/99--01093--027
			****750.00 ****750.00

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ITS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name THOMAS E. YORK  
Street Address (P.O. Box Number is Not Acceptable)  
9601 Sunbeam Center Dr  
Suite, Apt. #, Etc.  
City JACKSONVILLE State FL Zip Code 32257

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 X

THOMAS E. YORK

REGISTERED AGENT MUST SIGN

Date 12-1-99

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 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:

THOMAS E. YORK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12-1-99

Daytime Phone # 904-292-3994

CR2ED61 (12-99)