


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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


DOCUMENT # P98000057608

1. Corporation Name
AUTOMOTIVE CAREERS USA, INC.

Principal Place of Business Mailing Address

10 GEOFFREY COURT 10 GEOFFREY COURT
OLDSMAR FL 34677 OLDSMAR FL 34677

FILED
01 OCT 22 AM 10: 59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **06/29/1998**

5. FEI Number **59-3519566** Applied For Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Zahrte, William R	10 GEOFFREY COURT	OLDSMAR FL 34677
STD	BITTNER, LINDA	10 GEOFFREY COURT	OLDSMAR FL 34677

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****750.00 ****750.00

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8. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name: **WILLIAM Zahrte**
Street Address (P.O. Box Number is Not Acceptable): **10 GEOFFREY COURT**
Suite, Apt. #, Etc.: **OLDSMAR, FL 34677**
City: **OLDSMAR, FL** State: **FL** Zip Code: **34677**

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: William R. Zahrte Date: 10/18/2001
REGISTERED AGENT MUST SIGN

11. 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: William R. Zahrte, President Date: 10/18/2001 Daytime Phone #: 727-725-2886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2004 (8/01)