

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000057608**

1. Corporation Name

**AUTOMOTIVE CAREERS USA, INC.**

Principal Place of Business

10 GEOFFREY COURT  
OLDSMAR FL 34677

Mailing Address

10 GEOFFREY COURT  
OLDSMAR FL 34677



REINSTATEMENT *02*

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

06/29/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3519566

Applied For

Not Applicable

City & State

City & State

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	Zahrte, William R	10 GEOFFREY COURT	OLDSMAR FL 34677
STD	BITTNER, LINDA	10 GEOFFREY COURT	OLDSMAR FL 34677

000008750880  
11/01/02--01026--014 \*\*750.00

8. Name and Address of Current Registered Agent

Zahrte, William  
10 GEOFFREY COURT  
OLDSMAR FL 34677

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State <b>FL</b>
	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. or 617.0505, F.S.

Signature of  
Registered Agent

*William R Zahrte*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

*10/28/2002*

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*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10/28/2002*  
Date  
*727 925886*  
Daytime Phone #

CR2E040 (9/02)