

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 OCT 18 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000094936

1. Corporation Name

AUTOMOTIVE ANIMATIONS, INC.

Principal Place of Business

Mailing Address

735 OAKLAND HILLS CIRCLE #201
LAKE MARY FL 32746

735 OAKLAND HILLS CIRCLE #201
LAKE MARY FL 32746



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

605 Crescent Executive Ct

Suite, Apt. #, etc.

#300

City & State

Lake Mary FL

Zip 32746

Country U.S.

3. New Mailing Office Address, If Applicable

605 Crescent Executive Ct

Suite, Apt. #, etc.

#300

City & State

Lake Mary FL

Zip 32746

Country U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/1999

5. FEI Number

59-3605960

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
PTD	BOULWARE, ROBERT M III	735 OAKLAND HILLS CIRCLE #201	LAKE MARY FL 32746
VSD	BOUDREAU, STEVEN P	605 MINNESOTA AVE.	WINTER PARK FL 32789
			300003455193--4 -11/07/00--01066--026 *****750.00 *****750.00
			300003455193--4 -11/07/00--01066--027 *****8.75 *****8.75
			REINSTATEMENT 2000

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOULWARE, ROBERT M III
735 OAKLAND HILLS CIRCLE #201
LAKE MARY FL 32746

Name

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

Suite, Apt. #, Etc.

City

State
FL

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]

Date 10/12/00

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert M. Boulware III

Date

10/12/00

Daytime Phone #

407-545-2205