

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV 24 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 517357

1. Corporation Name

AMERICA IN MOTION

2. Principal Office Address

1350 S. POWERLINE RD

Suite, Apt. #, etc.

SUITE # 110

City & State

POMPANO BEACH

Zip

33069

Country

BROWARD

3. Mailing Office Address

1350 S. POWERLINE RD

Suite, Apt. #, etc.

SUITE # 110

City & State

POMPANO BEACH

Zip

33069

Country

BROWARD

**REINSTATEMENT**

08-03

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0261678

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Lindsey C. Brock III

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

9995 Gate Parkway North

Suite, Apt. #, Etc.

Suite 190

City

Jacksonville

100024986801

11/24/03--01111--039 \*\*19 00.00

State

FL

Zip Code

32240

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

11/21/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
d/p/v	Salvatore Guasto	1350 S POWERLINE RD, #110	POMPANO BEACH, FL 33069

10. 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: X

*Salvatore Guasto*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/03

Date

954  
970-9190

Daytime Phone #

CR2E081 (10/02)