

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT -4 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

573942

1. Corporation Name

American Automotive Security Product, Inc.

2. Principal Office Address

2315 NW 107 Ave

3. Mailing Office Address

Same

Suite, Apt. #, etc.

B-15, Box 66

Suite, Apt. #, etc.

City & State

Miami, Fl

City & State

Zip

33172

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

Aug. 16, 1991

5. FEI Number

65-0280690

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

Basil E. Battah

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

2315 NW 107 Ave

Suite, Apt. #, Etc.

B-15, Box 66

City

Miami

State

FL

Zip Code

33172

200004628012-7  
-10/09/01-01011-028  
\*\*\*\*\*750.00 \*\*\*\*\*750.00

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

REGISTERED AGENT MUST SIGN

Date Oct 3, 2001

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
P	Basil E. Battah	2315 NW 107 Ave, B-15, Box 66	Miami, Fl 33172
S	Ginger R. Battah	2315 NW 107 Ave, B-15, Box 66	Miami, Fl 33172

REINSTATEMENT 01

mw

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.

Basil E. Battah Oct. 3, 2001 305-718-4900

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE : 782727 11013A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : October 4, 2001

ORDER TIME : 10:29 AM

ORDER NO. : 782727-005

CUSTOMER NO: 11013A

CUSTOMER: Andrew M. Parish, Esquire  
Andrew M. Parish, Esq.  
Suite 930  
100 West Cypress Creek Road  
Fort Lauderdale, FL 33309

DOMESTIC FILINGS

NAME: AMERICAN AUTOMOTIVE SECURITY  
PRODUCT, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
01 OCT -4 AM 11:35  
DIVISION OF CORPORATION