

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

00 SEP -8 AM 11: 28

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # V43386

**1. Corporation Name**

ABRAXAS AUTOMOBILE ASSOCIATION CO.

**2. Principal Office Address**

3449 EAST MAIN STREET  
Suite, Apt. #, etc.

**3. Mailing Office Address**

11567 EAST RAMBLING DR.  
Suite, Apt. #, etc.

**City & State**

PAHOKEE, FLORIDA

Zip  
33476

Country  
U.S.A.

**City & State**

WELLINGTON, FLORIDA

Zip

33414

Country

U.S.A.

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

6/11/92

**5. FEI Number**

65 0344246

**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**

JAMES BIRD

200003406672-8

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

11567 EAST RAMBLING DRIVE

**Suite, Apt. #, Etc.**

**City**

WELLINGTON

**State**

FL

**Zip Code**

33414

**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**

*James Bird*

REGISTERED AGENT MUST SIGN

**Date**

9/1/2000

**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
PRESIDENT	CHRISTOPHER WALKER	2300 S.E. 13 <sup>TH</sup> STREET	POMPANO BEACH FLORIDA 33062
VICE PRES	JAMES BIRD	11567 E. RAMBLING DRIVE WELLINGTON FL.	WELLINGTON, FL. 33414
SECRETARY	CHRISTOPHER WALKER	2300 SE. 13 <sup>TH</sup> STREET	POMPANO BEACH FLORIDA 33062
TREAS.	JAMES BIRD	11567 E. RAMBLING DRIVE	WELLINGTON, FL 33414

**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:**

*James Bird*

JAMES BIRD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/2000

Date

561 714 8709

Daytime Phone #

**KE**