

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR RESTATEMENT

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

FILED

02 OCT 25 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000038747

1. Corporation Name
DDD BRAKE INCORPORATED

Principal Place of Business 764 OAK MOSS DRIVE LAWRENCEVILLE GA 30043	Mailing Address 764 OAK MOSS DRIVE LAWRENCEVILLE GA 30043
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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 04/18/2000	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 58-2536278	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$2.75 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
S	BALLARD, JEANETTE M	764 OAK MOSS DRIVE	LAWRENCEVILLE GA 30043
P	DACEY, JOHN A	764 OAK MOSS DRIVE	LAWRENCEVILLE GA 30043
VP	DACEY, KEVIN E	2285 CHIMNEY WALK DRIVE	SUWANEE GA 30024
FO	DEAN, CHRIS A	2873 MUSTY ROCK COVE	Dacula GA 30019

8. Name and Address of Current Registered Agent LEHECKA, ALBERT G 1380 PAWNEE STREET ORANGE PARK FL 32065		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S. or 617.0505, F.S.

Signature of Registered Agent: *Albert G Lehecka* REGISTERED AGENT MUST SIGN Date: 10/23/02

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 restatement 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 taxes owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 118.07(3)(f), 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: *Albert G Lehecka* President Date: 10-23-02
678-418-7640
678-418-7640



**DDD BRAKE INCORPORATED. 764 Oak Moss Dr. Lawrenceville, GA.30043
9902 San Jose Blvd. Jacksonville, FL.32257 (904) 288-7090 Fax (904) 880-7090**

Date : 10/23/2002

**RE : Document # P00000038747
Florida Department of State**

***I Albert Lehecka am writing this to inform you that this notice of
Administrative Dissolution was the first time I was inform of this matter. Please
waived the reinstatement fee and renew my corporation with my payment of the check
inclose this letter and my application, I will see to it that this does not happen again***

**Thank you for your help!
Albert G,Lehecka**

X 