

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
02 OCT 28 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000074267

1. Corporation Name

PRATTS AUTO PARTS, INC.

Principal Place of Business

315 ANSIN ROAD
ROCKLEDGE FL 32956

Mailing Address

P.O. BOX 560562
ROCKLEDGE FL 32956



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

09/03/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3402362

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PRATT, WILLIAM	910 JAMESTOWN DR.	ROCKLEDGE FL 32955
D	PRATT, LISA	910 JAMESTOWN DR.	ROCKLEDGE FL 32955

100003624991
10/28/02--01080--006 **150.00

8. Name and Address of Current Registered Agent

PRATT, WILLIAM
910 JAMESTOWN DR.
ROCKLEDGE FL 32955

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

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. or 617.0505, F.S.

Signature of Registered Agent

William Pratt
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10.24.02

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 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:

William Pratt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10.24.02 (321) 631-1280

CR2E040 (8/02)

PRATT'S AUTO PARTS INC
DBA- B & K USED AUTO PARTS
315 ANSIN ROAD
ROCKLEDGE, FL 32955
(321) 631- 1280

October 24, 2002

Division of Corporations

To Whom It May Concern:

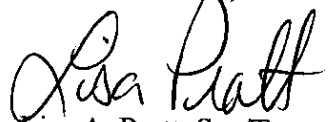
Enclosed I am returning the application for reinstatement along with the UBR filing fee. We apologize for the delay; our corporation did not receive either of the two correspondences regarding the uniform business report. In the past 5 years we have been incorporated we have always sent the UBR with the filing fee in the required timely manner, however this year we did not receive the two UBR forms. Please waive the reinstatement fee, due to non-receipt of the two UBR forms.

Thank you for your consideration, regarding this matter. If you have any questions, please contact of office.

Sincerely,



William L. Pratt, President



Lisa A. Pratt, Sec/Treas.