

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUN -3 AM 8:00

DOCUMENT #

1. Corporation Name

P96000104006
C&R Import Auto Parts, Inc

2. Principal Office Address - No P.O. Box #

4616B Springhill Ave

Suite, Apt. #, etc.

3. Mailing Office Address

4616B Springhill Ave

Suite, Apt. #, etc.

City & State

Mobile, AL

City & State

Mobile, AL

Zip

36608

Country

Zip

36608

Country

500156725825
06/03/09--01022--014 **\$450.00
CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

1-2-1997

5. FEI Number

72-1342183

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

Paul Carr

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

235 Meadows Way

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32506

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Paul D Carr

Date *5-29-09*

REGISTERED AGENT MUST SIGN

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	<i>Paul Carr</i>	<i>235 Meadows Way</i>	<i>P'cola, FL 32506</i>
VP	<i>Monique Carr</i>	<i>235 Meadows Way</i>	<i>P'cola, FL 32506</i>

REINSTATEMENT *07-09 KS*

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 contained in Chapter 119, 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: *Monique Carr Monique Carr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-29-09 *850-492-1928*
Date Daytime Phone #