

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG 17 AM 11:12

DOCUMENT # 228026

orporation Name  
Bivins Tire & Appliance Co.

777 Casery Blvd  
Suite, Apt. #, etc.

777 Cesery BV  
Suite, Apt. #, etc.

# REINSTATEMENT

81-00

Jacksonville, Fl.

JACKSONVILLE, FL

Country

Zip Country  
37211-7148 U.S.A.

Country

Zip	Country
32211-7148	U.S.A.

9/16/59

59-0873073

Not Applicable
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**\$8.75 Additional Fee required  
for a Certificate of Status**

DANIEL W BIVINS

400003377384--3

2426 SARAGOSA AV.

-08/30/00--01045--004

\*\*\*2623.75 \*\*\*2628.75

Suite, Apt. #, Etc.

City JACKSONVILLE

FL

32217-2614

Registered Agent

\_\_\_\_\_  
Daniel W. Divino

Date 7-28-00

REGISTERED AGENT MUST SIGN

Name of  
Officers and/or Directors

Street Address of Each  
Officer and/or Director

City / State / Zip

D.C	DANIEL W BIVINS	2426 SARAGOSSA AV.	JACKSONVILLE, FL 32217
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D	BARBARA S. BIVINS	2426 SARACOSSA AV	JACKSONVILLE, FL 32217
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P, D	JOHN F. Bedo, JR.	13927 Spanish Marsh Trail	JACKSONVILLE, FL 32225
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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:**

Daniel W. Bivins, DANIEL W. BIVINS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28-00 904-725-4035  
Date Daytime Phone #