


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS

99 FEB - 9 PM 3:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 759871**

1. Corporation Name

**BATTERY DISTRIBUTORS OF AMERICA, INC.**

Principal Place of Business	Mailing Address
9500 CENTRAL AVE. SARASOTA FL 34234-5921	P.O. BOX 1154 ANDERSON SC 29625 US



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/01/1981	
City & State		City & State		5. FEI Number	
Zip		Country		59-2139011	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	HARRIS, JERRY	5060 NAVARRE ROAD NW	CANTON OH
D	GLASS, ROBBY	1506 E. JACKSON ST.	THOMASVILLE GA
D	MILLER, WALTER	5500 ORANGE AVE	FT PIERCE FL
D	HEAD, DAVID	4319 40TH ST.	TAMPA FL
TS	GRIMES, RODNEY	2101 WILKERSON ROAD	CHARLOTTE NC
P	KOONTZ, SAM	BULL STREET	COLUMBIA SC

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HAYES, BRIAN T  
245 E WASHINGTON ST  
MONTICELLO FL 32344

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.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax)

12. 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:

AL Eaves - Executive Sec.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P.O. Box 1154 Anderson S.C. 29622

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12-16-98 824-37515-9

Date Daytime Phone #

CR2E040 (9/98)



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## Battery Distributors of America, Inc.

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AL EAVES  
P.O. Box 1154 — zip 29622  
1413 WHITEHALL RD — zip 29625  
ANDERSON, S.C.

EXECUTIVE SECRETARY

Al Eaves