

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000001900

1. Corporation Name

A-1 Appliance Parts, Inc.

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

11208 S. Memorial Pkwy

Suite, Apt. #, etc.

Unit G

City & State

Huntsville, AL

Zip

35803

Country

3. Mailing Office Address

PO Box 4418

Suite, Apt. #, etc.

City & State

Huntsville, AL

Zip

35815

Country

7. Name and Address of Current Registered Agent

Name

Jereomy Thrush

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

801 Old Corry Field Rd

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32506

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

Jereomy Thrush

REGISTERED AGENT MUST SIGN

Date 7-23-2008

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	Hugh M. O'Neal	11208 S. Memorial Pkwy Unit G	Huntsville, AL 35803
V	Nathan O'Neal	11208 S. Memorial Pkwy Unit G	Huntsville, AL 35803
S	Tereisa O'Neal	11208 S. Memorial Pkwy Unit G	Huntsville, AL 35803
T	Geneva Glenn	11208 S. Memorial Pkwy Unit G	Huntsville, AL 35803

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hugh M. O'Neal
Hugh M. O'Neal

07/21/08

Date

256-883-3211

Daytime Phone #

FILED

08 JUL 28 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900133538019
07/28/08--01060--010 **450.00

REINSTATEMENT 06-08

4. Date Incorporated or Qualified
To Do Business in Florida 1979

5. FEI Number
63-0768089

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ 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.