

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F89797

1. Corporation Name

Lozier and Pierce Automotive Salvage, Inc.

Principal Place of Business

Mailing Address

~~100 Riverside Avenue~~
~~Jacksonville, Florida 32202~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

14492 U.S. 1 North

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

14492 U.S. 1 North

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32219

Country

USA

City & State

Jacksonville, Florida

Zip

32219

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/1982

5. FEI Number

59-2203040

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
P/D	Jerry S. Foley III	14492 U.S. 1 North	Jacksonville, FL 32219
S/T/D	Richard Nellis	14492 U.S. 1 North	Jacksonville, FL 32219

REINSTATEMENT 83-97

6-19-97

8. Name and Address of Current Registered Agent

Catherine S. Forester
100 Riverside Avenue
Jacksonville, Florida 32202

9. Name and Address of New Registered Agent

Name

Mary A. Robison

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

1 Independent Drive

Suite, Apt. #, Etc.

Suite 2600

City

Jacksonville

State

FL

Zip Code

32202

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

Mary A. Robison
REGISTERED AGENT MUST SIGN

Date **18 June 1997**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Jerry S. Foley III, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/97
Date

(904) 765-5571
Daytime Phone #