

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 # F95000001919

1. Corporation Name

CUSTOM AIR PARTS, INC.

Principal Place of Business

Mailing Address

~~4101 RAVENSWOOD RD.~~

~~4101 RAVENSWOOD RD.~~

~~#214~~

~~#214~~

~~FT. LAUDERDALE FL 33312~~

~~FT. LAUDERDALE FL 33312~~

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

04/20/1995

Suite, Apt. #, etc.

6175 N.W. 153 STREET 229

Suite, Apt. #, etc.

6175 N.W. 153 STREET 229

City & State

MIAMI LAKES, FLORIDA

City & State

MIAMI LAKES, FLORIDA

Zip

33014

Country

USA

Zip

33014

Country

USA

5. FEI Number

88-0334643

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
CP	WELLMAN, RICHARD R	7540 LOCHNESS DR.	MIAMI LAKES FL 33014
DST	WELLMAN, LYNDIA	7540 LOCHNESS DR.	MIAMI LAKES FL 33014

880002707648-8  
-12/09/98-01077-010  
\*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DEATON, SHERRY

~~4101 RAVENSWOOD RD~~

~~STE 214~~

~~FT. LAUDERDALE FL 33312~~

Name

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

3305 S.W. 9TH AVENUE 2ND FLOOR

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL 33315

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

*Sherry Deaton*

REGISTERED AGENT MUST SIGN

Date 11/23/98

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:

*RICHARD R. WELLMAN*  
RICHARD R. WELLMAN

11/23/98 (954) 523-4211

Date

Daytime Phone #