

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 # F96000004257

1. Corporation Name

SOUTHERN WRECKER SALES, INC.

Principal Place of Business

8503 HILLTOP DR.
OOLTEWAH TN 37363

Mailing Address

8503 HILLTOP DR.
OOLTEWAH TN 37363

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/1996

5. FEI Number

58-2255242

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)

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
DM	BADGLEY, JEFFREY I	8503 HILLTOP DR.	OOLTEWAH TN 37363
VS	MADONIA, FRANK	900 CIRCLE, 75 PARKWAY	ATLANTA GA 30339
VS V	MISH, J. VINCENT Adam Dunayer	8503 HILLTOP DR. 8503 Hilltop Drive	OOLTEWAH TN 37363 Ooltewah, TN 37363
P	Harold Markle	8503 Hilltop Drive	Ooltewah, TN 37363
V T	David Tatum	8503 Hilltop Drive	Ooltewah, TN 37363
V	Geoffrey Russell	8503 Hilltop Drive	Ooltewah, TN 37363

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

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

Karen B. Rozar

Date

REGISTERED AGENT MUST SIGN

Karen B. Rozar, As Its Agent

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)(l), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/3/98 404-815-6500

Daytime Phone #

FILED

98 JAN 14 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

01-98

100002415251--3

-01/28/98--01108--002

*****8.75 *****8.75

CR2040 (8/97)