

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **H86016**
1. Corporation Name
Main Street Auto Parts Inc
14355 North Main St
Jacksonville, FL 32218

2. Principal Office Address 14355 North Main St Suite, Apt. #, etc.		3. Mailing Office Address 14355 North Main St Suite, Apt. #, etc.	
City & State Jacksonville Fl.		City & State Jacksonville Fl.	
Zip 32218	Country Duval	Zip 32218	Country Duval

REINSTATEMENT 99-02

4. Date Incorporated or Qualified To Do Business in Florida 11/19/1985	
5. FEI Number 59-2667889	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Katz, Harry Jr.		
Street Address (P.O. Box Number is Not Acceptable) 337 East Forsyth St		
Suite, Apt. #, Etc.		
City Jacksonville	State FL	Zip Code 32202

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 	Date 8-29-02
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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	Mary E Gray	14355 North Main	Jacksonville FL 32218
S	Virginia Mangham	1780 Shoreview Dr West	Jacksonville FL 32218

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 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:	Mary E Gray	8-29-02	904-757-0811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CRZE081 (9/01)