

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 16 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K21306

1. Corporation Name

NATIONAL AUTO PARTS OF U.S.A., INC.

Principal Place of Business

7100 KIMBERLY BLVD.
N. LAUDERDALE FL 33068-2335

Mailing Address

7100 KIMBERLY BLVD.
N. LAUDERDALE FL 33068-2335



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

04/19/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0069319

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

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	City / State / Zip 4
CP	BOYAJIAN, ZAVEN	10450 178TH COURT S	BOCA RATON FL
VP	BOYAJIAN, NOUBAR	20138 SOUTH KEY DR.	BOCA RATON FL
T	BOYAJIAN, HAROUHOUN	10450 178TH CT. S	BOCA RATON FL

3000008592873

10/25/02-01054-016 **150.00

B. 12/16

8. Name and Address of Current Registered Agent

BOYAJIAN, ALINE
7100 KIMBERLY BLVD.
N. LAUDERDALE FL 33068

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. or 617.0505, F.S.

Signature of
Registered Agent

Signature of Aline Boyajian
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/8/02

11. 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:

Signature of Aline Boyajian
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Doc. 8/10/02 216490

Rock Island Mobil

Rock Island Mobil

Phone:

FAX:

email:

262

DO NOT DETACH!

Wednesday, October 23, 2002

Department of state

Annual Report

PoBox 6327

Tallahassee FL 32314-6327

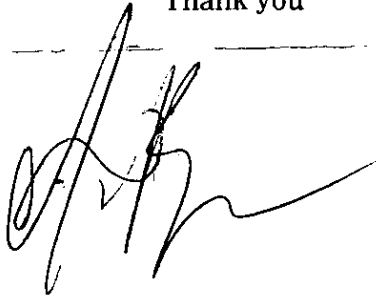
Dear Sir or Madam,

This letter is to request the penalties to be waived in the renewing the annual report for National Auto Parts of USA Inc. K21306.

Unfortunately, we have been having some problems receiving our mail and we never received the renewal form from the Department of State. The only form we received is the APPLICATION FOR THE REINSTATEMENT which I have enclosed for your records.

I appreciate your immediate attention in this matter.

Thank you



Aline Boyajian