

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JUL 26 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1126195

1. Corporation Name

A-1 DISCOUNT Auto Parts, INC.

500006844025--9
-08/01/02--01003--027
***1350.00 ***1350.00

2. Principal Office Address

12525 Collier Blvd.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, Florida

City & State

SAME

Zip

34116

Country

USA

Zip

SAME

Country

USA

REINSTATEMENT 98-02

4. Date Incorporated or Qualified To Do Business in Florida

1988

5. FEI Number

65-0052619

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ALAN Love

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

1045 GRANADA Blvd.

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34103

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

Alan Love

REGISTERED AGENT MUST SIGN

Date

7/25/02

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
Pres	ALAN Love	1045 GRANADA Blvd	Naples, Fl. 34103
VPres	JANIE Love	1045 GRANADA Blvd	Naples, Fl. 34103

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)(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: *Alan Love*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/02

Date

239-455-5124

Daytime Phone #

CR2E081 (9/01)