

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 19 AM 10:22

DOCUMENT # P00000623346

1. Corporation Name

Old Town Auto Parts, Inc

2. Principal Office Address

25983 SE 19 Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 986

Suite, Apt. #, etc.

City & State

Old Town, FL

City & State

Old Town, FL

Zip

32680

Country

U.S.A.

Zip

32680

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

02/28/2000

5. FEI Number

59-3629486

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

Richard Wright

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

25983 SE 19 Hwy

Suite, Apt. #, Etc.

City

Old Town, FL

State

FL

Zip Code

32680

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

Richard Wright

Date 1-12-06

REGISTERED AGENT MUST SIGN

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	Richard Wright	7890 NW 167th PL	Old Town, FL 32680
S	C.J. Johnson	SR 349	Old Town, FL 32680

REINSTATEMENT 02-06

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 contained in Chapter 119, 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 Wright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-06

Date

352-542-0583

Daytime Phone #

MJ



BEAUCHAMP
&
EDWARDS
Certified Public Accountants

"A PARTNERSHIP OF
PROFESSIONAL
CORPORATIONS"

Robert J. Beauchamp, CPA
Daryl L. Edwards, CPA
Jeffrey D. Beauchamp, CPA
Trent G. Snider, CPA

Address:

105 E. Park Avenue
P.O. Box 1777
Chiefland, FL 32644

Phone

(352) 493-4808

Fax

(352) 493-7107

E-mail

beauchampcpas@bellsouth.net

January 11, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Old Town Auto Parts, Inc

Dear Director,

Please find enclosed the corporation reinstatement forms along with a check for the proposed fees of \$750. I ask that you not assess a reinstatement fee of \$600 for the following reasonable cause. The attorney that filed the articles of incorporation gave an incorrect address for the mailing address. The correct P.O. Box is #986 and the P.O. Box given by the attorney was #936. The incorrect address has never been an address for the business. Therefore, the forms for the corporate annual report were never received and the corporation had no way to know that the fee was due.

Please call if I can be of further assistance in this matter.

Sincerely,

Jeffrey D. Beauchamp
Certified Public Accountant

Members:

American Institute of
Certified Public
Accountants

Florida Institute of
Certified Public
Accountants