

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000038747

1. Corporation Name

DDD BRAKE INCORPORATED

Principal Place of Business

764 OAK MOSS DRIVE
LAWRENCEVILLE GA 30043

Mailing Address

764 OAK MOSS DRIVE
LAWRENCEVILLE GA 30043

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

~~1360 PAWNEE ST.~~
ORANGE PARK, FL

32065

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

04/18/2000

5. FEI Number

58-2536278

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| S | BALLARD, JEANETTE M | 764 OAK MOSS DRIVE | LAWRENCEVILLE GA 30043 |
| P | DACEY, JOHN A | 764 OAK MOSS DRIVE | LAWRENCEVILLE GA 30043 |
| VP | DACEY, KEVIN E | 2295 CHIMNEY WALK DRIVE | SUWANEE GA 30024 |
| FO | DEAN, CHRIS A | 2873 MUSTY ROCK COVE | DACULA GA 30019 |
| | | | |
| | | | |

200023970302

10/21/03--01061--022 **150.00

8. Name and Address of Current Registered Agent

LEHECKA, ALBERT G
1360 PAWNEE STREET
ORANGE PARK FL 32065

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

REGISTERED AGENT MUST SIGN

Date

10/15/03

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-15-03

Daytime Phone #

CR2E040 (7/03)

D.D.D. BRAKE INCORPORATED

1360 PAWNEE ST. ORANGE PARK, FL. 32065

904-288-8878

904-880-7090 (FAX)

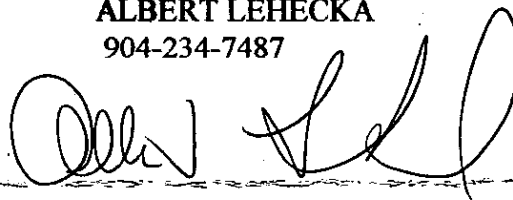
DATE 10-15-2003

TO WHOM IT MAY CONCERN,

THIS IS IN FOLLOW UP TO MY CONVERSATION WITH LADELL TODAY
REGARDING THE REINSTATEMENT FEE'S FOR DISSOLUTION OF OUR
CORPORATION. WE HAD NOT RECIEVED THE FORMS FOR THE
UNIFORM BUSINESS REPORT IN THE MAIL. THIS IS PROBABLY DUE TO
AN INCORRECT MAILING ADDRESS IN YOUR FILE. I HAVE CORRECTED
THE MAILING ADDRESS ON DOCUMENT # P00000038747 AND HAVE
INCLUDED THE \$150.00 FEE AS DISCUSSED WITH LADELL. THANK YOU
AND IF I CAN BE ANY FURTHER ASSISTANCE FEEL FREE TO CALL ME.

ALBERT LEHECKA

904-234-7487

A handwritten signature in black ink, appearing to read 'Albert Lehecka', is written over a horizontal line.