

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY 17 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000055882

1. Corporation Name

C & D AUTO SPECIALISTS, INC.

2. Principal Office Address

1994 MILLINGTON LANE

Suite, Apt. #, etc.

3. Mailing Office Address

1994 MILLINGTON LANE

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip
32246

Country

City & State

JACKSONVILLE FL

Zip
32246

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3651194

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

JONES, CHAD E.

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

1994 MILLINGTON LANE

Suite, Apt. #, Etc.

City

JACKSONVILLE

State
FL

Zip Code

32246

000005763470-1

-06/12/02--01066--009

****308.75 ****308.75

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

REGISTERED AGENT MUST SIGN

Date 5/16/2002

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
PD	JONES, CHAD E.	1994 MILLINGTON LANE	JACKSONVILLE FL 32246
ST	JONES, JESSICA L.	1994 MILLINGTON LANE	JACKSONVILLE FL 32246
		201.25-AR	
		10.00-ARAKTS	
		8875-ARSLUP	
		8.75-Celt	

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:

Chad Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/2002

Date

(904) 509-8824

Daytime Phone #

232

May 16, 2002

C & D Auto Specialists, Inc.
1994 Millington Lane
Jacksonville, Florida 32246

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

To whom it may concern:

Per instructions from your representative, enclosed is a completed Corporation Reinstatement form for C & D Auto Specialists, Inc. and a check in the amount of \$308.75.

I have never received the UBR report and was not aware of the requirement to file an annual report.

Thank you for your assistance.

Sincerely,


Chad Jones, President