

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JAN 29 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000100592

1. Corporation Name

TKK AUTO SALES, INC.

2. Principal Office Address

8056 103RD St

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32210

Country

U.S.

3. Mailing Office Address

P.O. Box 43226

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32203

Country

U.S.

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/25/00

5. FEI Number

593680657

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

DARYL L. WHITE

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

1591 LANE AVE. South

Suite, Apt. #, Etc.

131W Apt#

City

JACKSONVILLE

State

FL

Zip Code

32210

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 1/28/02

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
SD	YVONNE C. WHITE	217 Butler St	LAKE CITY, FL 32056
TD	Charlie Mae GRIER	Wilscroft Rd	JACKSONVILLE, FL 32208
PD	DARYL L. WHITE	1591 LANE AVE S Apt 131W	JACKSONVILLE, FL 32210

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:

DARYL L. WHITE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/02

Date

(904) 693-9084

Daytime Phone #