

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 29 AM 10:30

DOCUMENT # p01000056652

1. Corporation Name

ACME New & Used Auto Parts

2. Principal Office Address - No P.O. Box #

7533 W Tennessee St., Tall, FL 32304

Suite, Apt. #, etc.

City & State

Tallahassee, Florida 32304

Zip

32304

Country

Leon

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

26-00646864

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/07)

7. Name and Address of Current Registered Agent

Name

James Ron Trout

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

7533 W Tennessee St., Tall, FL 32304

Suite, Apt. #, Etc.

City

Tallahassee, Florida 32304

State

FL

Zip Code

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 4-23-2008

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.	James Ron Trout	227 Weldon Circle	Quincy, Florida 323352

900126937109
04/29/08--01046--007 **150.00

IS 4/30/08

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:

JAMES R. TROUT

4-23-2008

850-528-3148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #