



2004 AR

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 22 AM 8:00

CORPORATION


FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000077229

1. Corporation Name
JEFFERSON THOMAS AUTOMOTIVE SALES & REPAIR
INCORPORATED P01000077229

2. Principal Office Address
403 HAWK STREET

3. Mailing Office Address
875 BARTEL LANE

Suite, Apt. #, etc.
City & State
Zip Country

ROCKLEDGE FL. ROCKLEDGE FL
32955 32955

4. Date Incorporated or Qualified To Do Business in Florida 08/07/2001

5. FEI Number 59-3746539

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name THOMAS, JEFFERSON

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

Suite, Apt. #, Etc.

City ROCKLEDGE State FL Zip Code 32955

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 Jefferson Thomas Date 06/17/04

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
D/P	THOMAS, JEFFERSON	875 BARTEL LANE	ROCKLEDGE FL 32955
D/V	THOMAS, JEFFERSON	875 BARTEL LANE	ROCKLEDGE FL 32955
D/S	THOMAS, JUANITA	875 BARTEL LANE	ROCKLEDGE FL 32955

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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: Jefferson Thomas Date 06/17/04 (321) 634-1909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)