

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 # **PO1000077229**
 1. Corporation Name
**JEFFERSON THOMAS AUTOMOTIVE SALES & REPAIR
 INCORPORATED**

2. Principal Office Address
403 HAWK STREET
 Suite, Apt. #, etc.

3. Mailing Office Address
875 BARTEL LANE
 Suite, Apt. #, etc.

City & State
ROCKLEDGE FL.

City & State
ROCKLEDGE FL

Zip
32955 Country

Zip
32955 Country

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

MRS

7. Name and Address of Current Registered Agent

Name
THOMAS, JEFFERSON

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

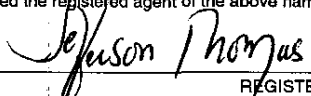
Suite, Apt. #, Etc.

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

 REGISTERED AGENT MUST SIGN

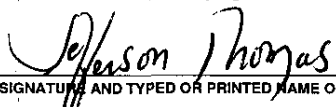
Date
06/17/04

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/A	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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
06/17/04

Daytime Phone #
(321) 634-1909

CR2E081 (01/04)