

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 19 AM 9:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000099863

1. Corporation Name

JOSABY USED AUTOPARTS, INC.

Principal Place of Business

8601 A N.W. 96 STREET
MEDLEY FL 33166

Mailing Address

8601 A N.W. 96 STREET
MEDLEY FL 33166

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip Country Zip Country

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	FERNANDEZ, MANUEL	8601 A N.W. 96 STREET	MEDLEY FL 33166

500019325295
05/13/03--01084--013 **300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FERNANDEZ, MANUEL
8601 A N.W. 96 STREET
MEDLEY FL 33166

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

5/15/03

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/03

Date

305.889-7006

Daytime Phone #

Josaby Used Auto Parts

8601-A NW 96 Street
Medley, FL 33166

Phone 305-889-2006
Fax 305-889-1341

May 14, 2003

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

To whom it may concern;

I have recently received a notice of Administrative Dissolution or Revocation saying that my corporation (Josaby Used Auto Parts, Document number: P01000099863) had been dissolved. I have contacted your reinstatement department in regards to this matter and was told to address this matter in writing in order to get my corporation reinstated. I was unaware of such report having to be filed and had not received a prior notice.

I am aware that there is a reinstatement fee for failure to file the report. I please ask that the fees be waived. As of today I have not yet to receive the report for this year of 2003.

I am enclosing a payment for the amount of \$300 dollars to cover the report fees for the year 2002 and 2003. I hope that my corporation be reinstated without having to pay the fees.

Thank you very much for your help and if you have any questions in regards to this matter please feel free to contact me Monday thru Friday from 9:00 am to 5:00 pm at (305) 889-2006 or by mail.

Sincerely,


Manuel Fernandez
President