

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 FEB 12 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P04000079431

**1. Corporation Name**

NORTH 40 AUTO PARTS & SALES, INC.

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

4700 North 441

Suite, Apt. #, etc.

City & State

Lake City, FL

Zip 32055

Country USA

**3. Mailing Office Address**

4700 North 441

Suite, Apt. #, etc.

City & State

Lake City, FL

Zip 32055

Country USA

900088908419  
02/21/07--01030--016 \*\*450.00

CR2E081 (1/07)

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

5/17/04

**5. FEI Number**

65-1226597

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

JACK M. JOHNSON

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

4700 North 441

Suite, Apt. #, Etc.

City

Lake City, FL

State  
FL

Zip Code  
32055

☒ 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

*Jack M. Johnson*

REGISTERED AGENT MUST SIGN

Date 2/7/07

**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./S/T Director	Jack M. Johnson	4700 North 441	Lake City, FL 32055

**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:**

*Jack M. Johnson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/07

Date

954-818-1882

Daytime Phone #

As per telephone conversation

jc 2/15