

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P06000006008**

1. Corporation Name

Jimmy's Automotive, Inc

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

4440 46th St N

Suite, Apt. #, etc.

3. Mailing Office Address

4440 46th St N

Suite, Apt. #, etc.

City & State

St Petersburg, FL

City & State

St Petersburg, FL

Zip

33714

Country

USA

Zip

33714

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11 2006

5. FEI Number

204088562

☐ 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

James L. Cope Jr.

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

4440 46th St N

Suite, Apt. #, Etc.

City

St Petersburg

State

FL

Zip Code

33714

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

*James L. Cope Jr.*  
REGISTERED AGENT MUST SIGN

Date *5-10-2012*

**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
PD	James L Cope Jr	4440 46th St N	St Petersburg, FL

10. E-mail Address: jcopeccope@aol.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*James L. Cope Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5-10-2012*  
Date

Daytime Phone #

MAY 23 2012

T. LEMIEUX

FILED  
2012 MAY 11 AM 11:10  
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