

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 26 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000131168

1. Corporation Name

SPECIALIST WAREHOUSE STARTERS AND ALTERNATORS, INC.

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

2055 OPA LOCKA BLVD

3. Mailing Office Address

2055 OPA LOCKA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OPA LOCKA, FL

City & State

OPA LOCKA, FL

Zip

33054

Country

USA

Zip

33054

Country

USA

400162143284

10/26/09--01006--023 **300.00

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
32-0225786

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
KIRK A. JACKSON

Street Address (P.O. Box Number is Not Acceptable)
19269 NW 14 STREET

Suite, Apt. #, Etc.

City
PEMBROKE PINES

State
FL

Zip Code
33029

☒ 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 *Kirk A. Jackson*

Date OCTOBER 21, 2009

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 |
|--------|--------------------------------------|---|--------------------------|
| DP | KIRK A. JACKSON | 19269 NW 14 STREET | PEMBROKE PINES, FL 33029 |
| DV | KEHEILI JACKSON | 19269 NW 14 STREET | PEMBROKE PINES, FL 33029 |
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REINSTATEMENT

RH

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:

Kirk A. Jackson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/2009

Date

305-751-1940

Daytime Phone #