

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 OCT -4 AM 10:35

DOCUMENT # P08000043280

1. Corporation Name

SUBARU OF ORANGE PARK, INC.

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

6999 Blanding Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

6999 Blanding Blvd.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32244

Country

USA

Zip

32244

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/29/2008

5. FEI Number

26-2689239

☐ 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

Terry A. Moore

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

50 N. Laura Street

Suite, Apt. #, Etc.

Suite 1100

City

Jacksonville

State

FL

Zip Code

32256

KS

REINSTATEMENT 2010

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

Date **10/01/2010**

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
D	R. Phil Porter	10800 Atlantic Blvd.	Jacksonville FL 32225
D	Scot F. Davis	10800 Atlantic Blvd.	Jacksonville FL 32225

10. E-mail Address: **sojceo@bellsouth.net**

(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., 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Phil Porter

Date

10/1/10

Daytime Phone #

904 777-1800