

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUN -4 PM 1:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000017535

1. Corporation Name

J & M Auto Parts Service Inc.  
901 - 16 St S  
St Pete FL 33702

2. Principal Office Address

901 - 16 St S

State, Apt. #, etc.

City & State

St. Pete FL

Zip

33702

Country

Pinellas

3. Mailing Office Address

901 - 16 St S.

Suite, Apt. #, etc.

City & State

St. Pete FL

Zip

33702

Country

Pinellas

4. Date Incorporated or Qualified  
To Do Business in Florida

3-5-93

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

Jerry W. Nelson

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

901 - 16 St S.

Suite, Apt. #, Etc.

City

St. Pete

State

FL

Zip Code

33702

100020514551

06/04/03--01035--019 \*\*800.00

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

Jerry W. Nelson

REGISTERED AGENT MUST SIGN

Date 5-30-03

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	Jerry W. Nelson	901-16 St S.	St Pete FL 33702
Sec.	John Campbell	1801-49 St S.	Gulfport FL 33711

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 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:

Jerry W. Nelson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-30-03 (727) 459-0436

Date

Daytime Phone #

CP2E081 (10/02)

2615