

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 JAN 23 AM 9:23

REINSTATEMENT 10-12

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Corporation Name  
North Florida Spring & Brake, Inc  
P 93000034890

2. Principal Office Address - No P.O. Box # <u>195 Ellis Rd N</u>		3. Mailing Office Address <u>Same</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Jacksonville, FL</u>		City & State	
Zip <u>32254</u>	Country <u>USA</u>	Zip	Country

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida- <u>5/93</u>	
5. FEI Number <u>59-3179809</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <u>\$8.75</u> Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
David B Ferebee

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

Suite, Apt. #, Etc.

City  
Jacksonville

State  
FL

Zip Code  
32202

000243928620  
01/23/13--01017--001 \*\*1050.00

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 [Signature] Date JAN 16, 2013

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
PD	Cranston, George D	195 Ellis Rd N	Jacksonville, FL 32254
S	Cranston, George D	195 Ellis Rd N	Jacksonville, FL 32254

JAN 23 2013

10. E-mail Address: gcranston9@yahoo.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: [Signature] George Cranston  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/13 904-387-5777  
Date Daytime Phone #