

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PA3000072497

1. Corporation Name
CLAY County Auto PARTS INC.

98 DEC 17 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 98

Principal Place of Business Mailing Address

~~1907 Cassat Avenue~~
~~Jacksonville FL 32205~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1623 BLANDING BL

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

10-19-93

5. FEI Number

59-3228285

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

City & State
Middleburg FL

Zip
32068 Country
CLAY

City & State
SAME

Zip
SAME Country
SAME

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres	J. Phil Cannon	368 Village Dr	32095 St. Augustine FL
V/P	JANET A. Cannon	11	11
S/T	J. Phil Cannon	11	11
			8000082718628-8 -12/22/98--01085--021 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

~~J. Phil Cannon~~
~~1907 Cassat Ave~~
~~Jacksonville FL 32205~~

9. Name and Address of New Registered Agent

Name
J. Phil Cannon
Street Address (P.O. Box Number is Not Acceptable)
1623 BLANDING BL
Suite, Apt. #, Etc.
City
Middleburg State
FL Zip Code
32068

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 11-21-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-21-98 904-
291-7300

Date

Daytime Phone #

CR2E040 (1/98)