

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JUL 10 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000027254

1. Corporation Name

Ropp's Automotive Electric, Inc.

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

311 North Dixie Freeway

Suite, Apt #, etc.

3. Mailing Office Address

311 North Dixie Freeway

Suite, Apt #, etc.

City & State

New Smyrna Beach, FL

City & State

New Smyrna Beach, FL

Zip

32168

Country

USA

Zip

32168

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

04/07/1994

5. FEI Number

59-3236097

☐ 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

Kenneth J. Ropp

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

311 North Dixie Freeway

Suite, Apt #, Etc.

City

New Smyrna Beach

State

FL

Zip Code

32168

200209639532

07/19/11--01039--002 **150.00

200209639532

07/05/11--01057--027 **750.00

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

Kenneth J. Ropp

REGISTERED AGENT MUST SIGN

Date 6-30-11

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
PSTD	Kenneth J. Ropp	311 N. Dixie Freeway	New Smyrna Beach, Florida 32168

10. E-mail Address: kropp54093@aol.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:

Kenneth J. Ropp Kenneth J. Ropp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-30-11 886-427-3762

Date

Daytime Phone #