


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 18 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000035350

1. Corporation Name
HANANIA AUTOMOTIVE CORP.

Principal Place of Business: 7600 BLANDING BLVD. JACKSONVILLE FL 32244
Mailing Address: P O BOX 440999 JACKSONVILLE FL 32222-999 US



REINSTATEMENT

2001

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/10/1994	
City & State		City & State		5. FEI Number	
Zip		Country		59-3250941	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPC	HANANIA, JACK Y	7600 BLANDING BLVD.	JACKSONVILLE FL 32244
S	HANANIA, DEBORAH S	7600 BLANDING BLVD	JACKSONVILLE FL 32244
T	SPENCER, KATHY S	7600 BLANDING BLVD	JACKSONVILLE FL 32244
			800004671098--6 -11/07/01--01063--003 ****750.00 ****750.00 LS

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
HANANIA, JACK Y 7600 BLANDING BLVD. JACKSONVILLE FL 32244		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		State FL Zip Code	

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: Jack Y Hanania Date: 10-17-01
REGISTERED AGENT MUST SIGN

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 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: Jack Y Hanania 10-17-01 9047775600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)