

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P94000048140

1. Corporation Name

FERNANDINA Auto Parts, Inc

2. Principal Office Address

1485 S. 8th St.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 1189

Suite, Apt. #, etc.

City & State

Fernandina Bch. Fl.

City & State

FERNANDINA BCH, FL

Zip

32034 USA

Zip

32035

Country

USA

7. Name and Address of Current Registered Agent

Name

Jack Southerland

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

1485 S. 8th St.

Suite, Apt. #, Etc.

City

Fernandina Bch.

700003631237-2

-02/07/01-01108-017

****900.00 ****900.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3251937

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

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

REGISTERED AGENT MUST SIGN

Date 1/22/01

CR2E081 (9/00)

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
D	Southerland W. Johnny	4 Waterford LN.	Savannah Ga. 31411
D	Southerland Angela G.	4 Waterford LN.	Savannah Ga. 31411
D	Southerland Jack A.	1485 S. 8th St.	Fernandina Fl. 32034

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/01
Date

Daytime Phone #