PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 DEC 30 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000054479

1 Corporation Name

RADIATOR WAREHOUSE OF NORTH FLORIDA, INC.

Principal Place of Business	Mailing Address
4445 SW 35TH TERR STE 100-D GAINESVILLE F 32608 US	ROUTE 5, BOX 633 LAKE CITY FL 32024

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

REINSTATEMENT 9W

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt #, etc.	Suite, Apt. #, etc. 21068 CR 137
City & State	City & State LAKE City, FL
Zip / Country	Zip 32024 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 07/20/1994

5. FEI Number: 59-3260512 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	MOTTERN, EDWARD M	~~ROUTE 5, BOX 633~~ 21068 CR 137	LAKE CITY FL 32024
D	MOTTERN, BARBARA P	~~ROUTE 5, BOX 633~~ 21068 CR 137	LAKE CITY FL 32024
			000002045330--4 -01/03/97--01132--024 ****375.00 ****375.00
			JB 12-31-96

8. Name and Address of Current Registered Agent

MOTTERN, EDWARD M
~~ROUTE 5, BOX 633~~
LAKE CITY FL 32024

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 21068 CR 137

Suite, Apt. #, Etc.

City | State FL | Zip Code

CR2E040 (7/96)

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: Edward M. Mottern — Date: 12-27-96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Edward M. Mottern EDWARD M. MOTTERN 12-27-96 904-935-1208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000365 AF