

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 20 PM 12:12

**DOCUMENT #** P94000069287

**1. Corporation Name**

C&K Auto Parts, Inc.

**2. Principal Office Address**

9505 Hull Street Rd.

Suite, Apt. #, etc.

Suite B

City & State

Richmond, Virginia

Zip

23236

Country

US

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

Sept. 19, 1994

**5. FEI Number**

65-0525214

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 00

**7. Name and Address of Current Registered Agent**

Name

Chris Rand

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

7034 NW 49th Court

Suite, Apt. #, Etc.

City

Lauderhill

State

FL

Zip Code

33319

**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

*Chris Rand*

REGISTERED AGENT MUST SIGN

Date 10-18-00

**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
P	Catherine Gill	7000 N.W. 49th Place	Lauderhill, FL 33319
VP	Karen Budling	7034 N.W. 49th Court	Lauderhill, FL 33319
S	Chris Rand	7034 N.W. 49th Court	Lauderhill, FL 33319
T	Mitchell Rand	7000 N.W. 49th Place	Lauderhill, FL 33319

**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:**

*Chris Rand*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chris Rand, Secretary

Date

10/18/00

Daytime Phone #

800-981-7358