| APPLICATION FOR REINSTATEMENT POP4000076530 1. Corporation Name ROSTAN AUTO PARTS, INC. Principal Place of Business Malling Address Sign - March - State JACKSONVILLE FL 32210 May Principal Office Address, if Applicable 2. Dew Principal Office Address, if Applicable 3. New Halling Office Address, if Applicable 3. New Halling Office Address, if Applicable 4. Data Incorporated or Qualified To Do Business in Florida 10/18/1994 Suita, APF #, etc. 5. FEI Number 59-32/75 156 City & State 7. Names and Street Addresses of Each Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) REINSTATEMENT ROSTAN, STEVEN J REINSTATEMENT 8.4486-103RD-ST. 8/25/103R/0. 57 JACKSONVILLE FL 32210 REINSTATEMENT 98 DEC -8 PM 2: 3.9 SECRETARY UF \$ STATE TALLAHASSEE. FLORIDA SECRETARY UF \$ STATE TALLAHASSEE. FLORIDA 4. Data Incorporated or Qualified To Do Business in Florida 10/18/1994 10/18/1994 4. Data Incorporated or Qualified To Do Business in Florida 10/18/1994 5. FEI Number 59-3275156 Certificate or STATUS DESIRED Certificate or STATUS DESIRED Certificate or STATUS DESIRED REINSTATEMENT 7. ROSTAN, STEVEN J 84486-103RD-ST. 8/25/103R/0. 57 JACKSONVILLE FL 32210 REINSTATEMENT 8.4486-103RD-ST. 8/25/103R/0. 57 JACKSONVILLE FL 32210 | |
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| Sandra B. Mortham Secretary of State DOCUMENT # P94000076530 1. Corporation Name ROSTAN AUTO PARTS, INC. Principal Place of Business Malling Address Stop 166RB-5T: JACKSONVILLE FL 32210 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, if Applicable Suife, Apt. #, etc. Suife, Apt. #, etc. Suife, Apt. #, etc. City & State Country Country Application 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Title(e) ROSTAN, STEVEN J Sandra B. Mortham Secretary of State DMNSION OF CORPORATIONS 98 DEC - 8 PM 2: 39 SECRETARY UF STATE TALLAHASSEE. FLORIDA Applied TALLAHASSEE. FLORIDA 4. Date incorporated or Qualified To Do Business in Florida | |
| REINSTATEMENT DOCUMENT # P94000076530 1. Corporation Name ROSTAN AUTO PARTS, INC. Principal Place of Business Mailing Address Side 16980 ST. JACKSONVILLE FL 32210 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. Devy Principal Office Address, if Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country T. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Title(s) ROSTAN, STEVEN J ROSTAN, STEVEN J ACKSONVILLE FL 32210 State 103RD ST. Street Address of Each Officer and/or Directors 3 (Do NOT Use Post Office Sox Numbers) 4 Date Incorporated or Qualified To Do Business in Florida 10/18/1994 4 Date Incorporated or Qualified To Do Business in Florida 10/18/1994 5 FEI Number 6 CERTIFICATE OF STATUS DESIRED Street Address of Each Officer and/or Director Title(s) 2 Name of Officers 3 (Do NOT Use Post Office Sox Numbers) 4 City / State / Zip DPVS ROSTAN, STEVEN J ACKSONVILLE FL 32210 T. ROSTAN, STEVEN J ACKSONVILLE FL 32210 | |
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| T ROSTAN, STEVEN J 8-103 RD-ST. 8/25/03 RD 57 JACKSONVILLE FL 32210 | |
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| 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name | |
| BLACKBURN, BRYAN E Street Address (P.O. Box Number is Not Acceptable) | |
| 1921 DEWEY PLACE | |
| JACKSONVILLE FL 32207 Sulte, Apt. #, Etc. | |
| City State 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 Date Date Date | |
| | |
| 11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No 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 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 flowed 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 in on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. | tees |