


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		04 APR 15 AM 10:28 SECRETARY OF STATE TALLAHASSEE FLORIDA	
DOCUMENT # P94000094048					
1. Corporation Name Crooms Autoi& Truck Parts					
2. Principal Office Address 1715 Old Dixie Hwy Suite, Apt. #, etc. City & State Auburndale, Florida Zip 33823 Country USA		3. Mailing Office Address 1715 Old Dixie Hwy Suite, Apt. #, etc. City & State Auburndale, Florida Zip 33823 Country USA		REINSTATEMENT 01-04 500032759685 04/14/04--01062--001 **1200.00	
4. Date Incorporated or Qualified To Do Business in Florida - 1-1-1995				5. FEI Number 59-3289422 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Terry H Johnson Street Address (P.O. Box Number is Not Acceptable) 1715 Old Dixie Hwy Suite, Apt. #, Etc. City Auburndale, Florida State FL Zip Code 33823					
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: <u>Terry Johnson</u> Date: 4-9-2004 REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
DPST	Terry H Johnson	1715 Old Dixie Hwy		Auburndale, FL 33823	
v	Brittany A Johnson	1715 Old Dixie Hwy		Auburndale, FL 33823	
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: <u>Terry Johnson</u> 4-2004 863-665-614 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E081 (01/04)