

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 30 PM 4:00

DOCUMENT # **P95000045277**

1. Corporation Name

NASSAU AUTO PARTS, INC.

Principal Place of Business

Mailing Address

120 E. 1ST AVE
CALLAHAN FL 32011

P.O. BOX 5002
CALLAHAN FL 32011



REINSTATEMENT

01

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/06/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3251937

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 3	City / State / Zip 4
D	SOUTHERLAND, W. JOHNNY	4 WATERFORD LN	SAVANNAH GA 31411
D	SOUTHERLAND, JACK A	4 WATERFORD LN	SAVANNAH GA 31411
D	SOUTHERLAND, ANGELA	4 WATERFORD LN	SAVANNAH GA 31411

100004721121--3

-12/12/01--01075--011

****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BURGESS, GRANVILLE C
301 1/2 CENTRE ST
FERNANDINA BEACH FL 32034

Name **Bolisa Southerland**
Street Address (P.O. Box Number is Not Acceptable)
1485 S. 8th St.
Suite, Apt. #, Etc.
PO Box 1189
City **Fernandina** State **FL** Zip Code **32035**

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

Bolisa Southerland
REGISTERED AGENT MUST SIGN

Date

11/20/01

11. 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:

W.J. SOUTHERLAND
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-9-01

Date

904-964-6060

Daytime Phone #