

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P95000060668

1. Corporation Name

FLORIDA PARTS COMPANY

Principal Place of Business

15961 LOCH KATRINE TRAIL
DELRAY BEACH FL 33446

Mailing Address

(NEW)
Florida Parts Company
4801 Linton Blvd. 11A-214
Delray Beach, FL 33445

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

08/07/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc. Florida Parts Company
4801 Linton Blvd. 11A-214
Delray Beach, FL 33445

5. FEI Number 65-0599612

Applied For
Not Applicable

City & State

City & State

Zip

Country

Zip

Country

USA

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSD V.T.	BERGMAN, JOEY	15961 LOCH KATRINE TRAIL	DELRAY BEACH FL 33446
V.T.	BERGMAN, HARRIET A	15961 LOCH KATRINE TRAIL	DELRAY BEACH FL 33446

700002353177--B
-11/20/97-01083-003
758.75 758.75

REINSTATEMENT

C. Alar
11/18/97

8. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name JOSEPH M. FELLOU, CPA
Street Address (P.O. Box Number is Not Acceptable)
100 N. BISCAYNE BLVD, SUITE 700
Suite, Apt. #, Etc.
City Miami State FL Zip Code 33132

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

Joseph M. Fello

Date 11/7/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joe Bergman

11-12-97

Date

Daytime Phone #

CR2E040 (8/97)