

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Name: **00 UBR**
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 13 PM 7:00

DOCUMENT # **P95000084600**

1. Corporation Name

DEPENDABLE AUTO SUPPLIES, INC.

Principal Place of Business

Mailing Address

8625-1 ALTON AVE.
JACKSONVILLE FL 32211

8625-1 ALTON AVE.
JACKSONVILLE FL 32211

156 Mill Creek Rd
JAX FL. 32211

156 Mill Creek Rd.
JAX. FL. 32211

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

11/01/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

156 Mill Creek Rd.

156 Mill Creek Rd

City & State

City & State

JAX. FL

JAX. FL.

Zip

Country

Zip

Country

32241

USA

32211

USA

5. FEI Number

59-3337898

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	LEBIEDZIEJEWski, KRZYSZTOF	8625-1 ALTON AVE.	JACKSONVILLE FL 32211
VP	STARUS, ROBERT	8625-1 ALTON AVE.	JACKSONVILLE FL
		156 Mill Creek Rd	Jacksonville FL. 32211
		156 mill Creek Rd	Jacksonville FL. 32211
			000003481000-2
			-11/30/00--01036--010
			***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEBIEDZIEJEWski, KRZYSZTOF
156 MILL CREEK RD
JACKSONVILLE FL 32211

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **10/16/00**

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.

ROBERT STARUS

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/16/00**

(904) **727-9336**
Daytime Phone #

Dependable Auto Supplies, Inc.

156 Mill Creek Rd.
Address Line 2
Jacksonville, Fl. 32211
Country

Phone (904) 727-9339
Fax (904) 721-4091

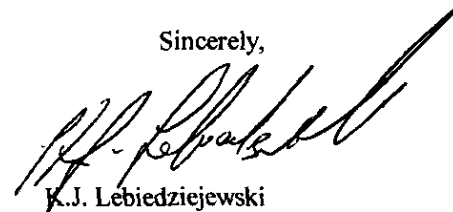
November 06, 2000

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Fl. 32314

To Whom It May Concern,

The Only Reason For Sending The Payment Late Is that The State Send The Letter To The Wrong Address, And
Therefore It Was Never Received. Please, Correct My Address For This And Future Matters.
Thank You In Advance And If There Are Any Questions, Please Do Not Hesitate To Contact Me.

Sincerely,



K.J. Lebieziejewski