

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 AUG 31 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000086305 (6)**

1. Corporation Name

T-N-A Custom Auto Trim, Inc.

2. Principal Office Address

12620 ATTRILL ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

12620 ATTRILL ROAD

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32258

Country

DUVAL

Zip

32258

Country

DUVAL

REINSTATEMENT 98-00

4. Date Incorporated or Qualified
To Do Business in Florida

11/09/1995

5. FEI Number

59-3344007

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FRANK ABEL

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

12620 ATTRILL ROAD

Suite, Apt. #, Etc.

600003389686-5

08/12/00-01041-003

*****1058-75-***1058-75**

City

JACKSONVILLE

State

FL

Zip Code

32258

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

Frank Abel

REGISTERED AGENT MUST SIGN

☒ Date

8-28-00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	ABEL, FRANK	12620 ATTRILL ROAD	JACKSONVILLE, FL 32258
VP	Terry, Byron	1119 HARMONY DRIVE	JACKSONVILLE, FL 32259

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: **FRANK ABEL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-28-00 **904 910 8576**
904 292-9956
☒ Date ☒ Daytime Phone #