

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Morfham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000087584

1. Corporation Name

J & J AUTO TRANSPORT, INC.

Principal Place of Business

4843 Maplewood Court

CALLAHAN FL 32011

Mailing Address

4843 Maplewood Court

CALLAHAN FL 32011

**FILED**

97 DEC 24 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/15/1995

5. FEI Number

59-3345976

☒ 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)

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
PTD	MILLER, JOHNNIE L	4843 Maplewood Court	CALLAHAN FL 32011
S	THORNTON, JUDITH A	4843 Maplewood Court	CALLAHAN FL 32011

100002383381-6  
-12/26/97-01070-010  
\*\*\*\*365.00-\*\*\*\*365.00

*[Handwritten signature]*

8. Name and Address of Current Registered Agent

MILLER, JOHNNIE L  
4843 Maplewood Court  
CALLAHAN FL 32011

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*[Handwritten signature]*

REGISTERED AGENT MUST SIGN

Date 12.3.97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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

*[Handwritten signature]*

12.3.97

Date

Daytime Phone #

904.879.5148

CR2E040 (7/96)

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J & J AUTO TRANSPORT, INC.  
4843 Maplewood Court  
Callahan, Florida 32011

November 18, 1997

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Re: Application for Reinstatement  
Document #P95000087584

Dear Sir and/or Madam:

Please find our payment of \$165.00. We received your Application for Reinstatement and I am hopeful that you will accept this as payment in full for our Annual Fee. We did not receive any earlier notification for the report and we rely on the services of a paid tax practitioner for all of our tax form preparation and filings. I request that you consider these two factors as grounds for abatement due to your reasonable cause and due diligence criteria.

Thank you for your prompt attention and consideration to this matter.

Sincerely,



Johnnie L. Miller  
Corporate President