

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 NOV -7 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-11/14/96--01006--007

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REINSTATEMENT 96

DOCUMENT # P95000094356

1. Corporation Name

AUTO ZONE PARTS, INC.
201 HOLIDAY DR.

Principal Place of Business Address

2032 TIGERTAIL BLVD
BLDG 6
DANIA, FL 33304

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

2. New Principal Office Address, If Applicable

9599 park lane
Suite, Apt. #, etc.

3. New Mailing Address, If Applicable

P.O. box 15580
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/95

5. FEI Number

65-0634610

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ YES

City & State

PLANTATION, FL

Zip

33324

BROWARD

City & State

PLANTATION, FL

Zip

33318

BROWARD

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	ROBERT L. ARMSTRONG	9599 PARK LANE	PLANTATION, FL 33324
VP?	OLEG KLETS	10781 CLEARY BLVD. 110	PLANTATION, FL 33324
S?	VIKTORIA FILIPPOVA	10781 Cleary Blvd 110	PLANTATION FL 33324

8. Name and Address of Current Registered Agent

OLEG KLETS
201 HOLIDAY DR.
HALLANDALE, FL 33309

9. Name and Address of New Registered Agent

Name
ROBERT L. ARMSTRONG
Street Address (P.O. Box Number is Not Acceptable)
9599 PARK LANE
Suite, Apt. #, Etc.
City
PLANTATION
State
FL
Zip Code
33324

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

REGISTERED AGENT MUST SIGN

Date 10/27/96

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

Date

Daytime Phone #

OLEG KLETS - DIR. 10-27-96
305 201 6659

CRS-040 (12/95)