

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000073035

1. Corporation Name

JIM BRISTOW AUTO PARTS, INC.

Principal Place of Business

Mailing Address

UNIT D.
1365 NORTH KILLIAN DR.
LAKE PARK FL 33403

~~STE 400~~
~~1081 E. INDIANTOWN RD.~~
~~JUPITER FL 33477~~

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6390 Indian town Road
Suite 30
Jupiter, FL
33458 USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/04/1996

5. -FEI Number-

65-0696682

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DVST	BRISTOW, JAMES C	2685 OMEGA PL	NORTH PALM BEACH FL 33408
			200030507522 03/16/04--01026--020 **750.00
			200030507522 04/07/04--01068--005 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BAKER, THOMAS R III
~~1081 E~~ INDIANTOWN RD
STE 400
JUPITER FL ~~33477~~

Name

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

6390 Indian town Road

Suite, Apt. #, Etc.

Suite 30

City

Jupiter

State

FL

Zip Code

33458

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. or 617.0505, F.S.

Signature of
Registered Agent

J.R. Baker

REGISTERED AGENT MUST SIGN

Date

3/09/04

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.

SIGNATURE:

J.R. Baker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/04

Date

561 840-0580

Daytime Phone #

CR2E040 (7/03)