

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P96000098940

1. Corporation Name

LAND AIR PARTS INTERNATIONAL, CORP.

Principal Place of Business

3445 Marcus Pointe Blvd.
1621 DOG TRACK ROAD
PENSACOLA FL 32506 32505

Mailing Address

3445 Marcus Pointe Blvd.
1621 DOG TRACK ROAD
PENSACOLA FL 32506 32505

FILED
99 DEC 27 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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

12/05/1996

Suite, Apt. #, etc.

3445 Marcus Pointe Blvd.

Suite, Apt. #, etc.

3445 Marcus Pointe Blvd.

City & State

Pensacola, FL

City & State

Pensacola, FL

5. FEI Number

59-3417449

Applied For

Not Applicable

Zip

32505

Country

U.S.A.

Zip

32505

Country

U.S.A.

6. CERTIFICATE OF STATUS DESIRED

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
PMC	FREEMAN, JACKIE D	3445 MARCUS POINTE BLVD	PENSACOLA FL
VD	WALLS, ROBERT C Delete	6049 SPANISH OAK DR	PENSACOLA FL
STD	FREEMAN, SHEILA W	3445 MARCUS POINTE BLVD	PENSACOLA FL
			300003029743--0 -01/06/00--01002--029 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

FREEMAN, JACKIE D
3445 MARCUS POINTE BLVD
PENSACOLA FL 32505

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

Jackie Freeman
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/20/99

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:

~~VD - ROBERT C WALLS~~ SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STD-Sheila W. Freeman

PM-Jackie D. Freeman

Date

Dec. 20, 1999

Daytime Phone #

850/478-4581

Date: Dec. 20, 1999

850/478-4581

850/453-3146