

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

**APPLICATION FOR REINSTATEMENT**

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

APPROVED  
AND  
FILED

98 NOV 19 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000031040**

1. Corporation Name

**PROTEC AUTOMOTIVE OF JACKSONVILLE, INC.**

Principal Place of Business

4516 APPLETON AVENUE  
JACKSONVILLE FL

Mailing Address

4516 APPLETON AVENUE  
JACKSONVILLE FL



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

04/04/1997

5. FEI Number

59-3438537

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
PD	PADGETT, DONNIE	1171 S. LANE AVENUE, #908	JACKSONVILLE FL 32205
VD	DELAMARE, RICHARD P	1309 RENSSELAER AVENUE	JACKSONVILLE FL 32205

500002700875--9  
-12/02/98--01093--016  
\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

PADGETT, DONNIE  
4516 APPLETON AVENUE  
JACKSONVILLE FL

9. Name and Address of New Registered Agent

Name

Donnie Padgett

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

7925 Merrill Rd

Suite, Apt. #, Etc.

4 D08

City

Jax Fla

State

Zip Code

FL

32277

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

*[Signature]*

**REGISTERED AGENT MUST SIGN**

Date 11-12-98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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)(f), 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-16-98

Date

Daytime Phone #

904-387-3032

**Protec Automotive of Jacksonville, Inc.**

2062  
4516 Appleton Avenue  
Jacksonville, FL 32210

Phone (904) 387-3031  
Fax (904) 387-2572

November 16, 1998

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

November 16, 1998

Thank you for sending me the notice regarding my corporation. To date I have not received by mail any prior information on filing my 1998 corporation annual report. Attached please find my Application for Reinstatement Form. Per your agent in the Division of Corporations, I thank you for waiving the \$600.00 Reinstatement Fee. My check for \$150.00 is enclosed. If you have any questions, please feel free to contact me at (904) 387-3031. Thank you.

Yours Truly,

Donnie Padgett  
President  
Protec Automotive