PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
01 NOV 30 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000026510**

1. Corporation Name

STARK AUTO PARTS, INC.

Principal Place of Business	Mailing Address
155 W. BROWN LEE ST. STARKE FL 32091	PO BOX 999 STARKE FL 32091

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

4. Date Incorporated or Qualified To Do Business in Florida: 03/19/1998

5. FEI Number: 59-3519455 ☐ 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	4 City / State / Zip
P	SOUTHERLAND, ANGELA	4 WATERFORD LANE	SAVANNAH GA 31411
V	SOUTHERLAND, JACKIE	330 OTTER RUN DR.	FERNANDINA BEACH FL 32034

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****750.00 ****750.00

REINSTATEMENT DLB

8. Name and Address of Current Registered Agent

MCCARROLL, LORIE L CPA
2334 E. STATE ROAD 200
SUITE 300
FERNANDINA BEACH FL 32034

9. Name and Address of New Registered Agent

Name: Bolisa Southerland
Street Address (P.O. Box Number is Not Acceptable): 1485 S. 8th St.
Suite, Apt. #:
City: Fernandina Beach State: FL Zip Code: 32035

CR2E040 (8/01)

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: Bolisa Southerland Date: 11/20/01
REGISTERED AGENT MUST SIGN

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: W.J. Southerland W. J. SOUTHERLAND 11-08-01 904-964-6060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #