

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR 11 PM 3:03

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000047699

1. Corporation Name

Cockrell's Body Shop of Pensacola, Inc.
6220 N. Palafox St
Pensacola, FL 32503

2. Principal Office Address - No P.O. Box #

6220 N. Palafox St.

Suite, Apt. #, etc.

City & State

Pensacola FL

Zip

32503

Country

ESCAMBIA

3. Mailing Office Address

6220 N. Palafox St.

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32503

Country

ESCAMBIA

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/21/1999

5. FEI Number

59-3575664

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 05-02

CR2E081 (1/07)

7. Name and Address of Current Registered Agent

Name

Joe B. Lambeth

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

6220 N. Palafox St

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32503



The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Joe B. Lambeth

REGISTERED AGENT MUST SIGN

Date 4-9-07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Joe B. Lambeth	6220 N. Palafox St	Pensacola FL 32503
D	Frankie L. Cockrell	3636 Rivera Dichline	Mobile AL 36693
D	Timothy L. Cockrell	25331 Austin Road	Daphne AL 36526

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10. 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 contained in Chapter 119, 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:

Joe B. Lambeth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-9-07 251-582-7038

Daytime Phone #