

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 29 PM 12:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**

99-03



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **567923**

1. Corporation Name

Alachua Auto Auction Inc

2. Principal Office Address

2738 NE 4th St

Suite, Apt. #, etc.

3. Mailing Office Address

2600 E. Duval St

Suite, Apt. #, etc.

City & State

Gainesville FL

City & State

Lake City FL

Zip

32609

Country

Alachua

Zip

32055

Country

Columbia

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3044911

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ralph A. Nixon

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

2600 E. Duval St.

Suite, Apt. #, Etc.

City

Lake City

State

FL

Zip Code

32055

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

Ralph A. Nixon

REGISTERED AGENT MUST SIGN

Date

5-23-03

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	Mixon, Ralph A	Rt. 22 Box 2949	Lake City FL 32024
D	Mauldin, James E	Rt 22 Box 2955	Lake City FL 32024

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 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:

Ralph A. Nixon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-23-03

Date

386-755-0002

Daytime Phone #

CR2E081 (10/02)

9/5/20