

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 JAN -5 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S98695

1. Corporation Name

J.D. INTERNATIONAL AUTO PARTS, INC.

Principal Place of Business

835 NW 7TH TERRACE
FT LAUDERDALE FL 33311
US

Mailing Address

835 NW 7TH TERRACE
FT LAUDERDALE FL 33311
US

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

12/06/1991

5. FEI Number

65-0319907

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
DS	DEROSA, JAMES	4280 GALT OCEAN DR 24C	FT LAUDERDALE FL 33308
P	HAMPTON, JOAN BATTEN	501 NE 43RD ST	POMPANO FL
			100002743101--3 -01/15/99--01013--003 ****750.00 ****750.00
			100002743101--3 -01/15/99--01013--004 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

GERALD S. SCHNITZER, GSS ADVISORY S
INTERNATIONAL BUILDING
2455 E SUNRISE BLVD STE 502
FT LAUDERDALE FL 33304

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

Gerald S. Schnitzer
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12-31-98

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)(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:

[Signature]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED040 (9/98)