

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 AUG 23 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V18454**

1. Corporation Name

McCrorys Garage & Auto Parts INC.

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

4930 Cerny Rd

Suite, Apt. #, etc.

3. Mailing Office Address

4930 Cerny Rd

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola FL

Zip

32526

Country

Escambia

Zip

32526

Country

Escambia

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

3/2/1992

5. FEI Number

59-3123292

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Philip R. Reed

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

4930 Cerny Rd

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32526

600238837256
08/23/12--01029--008 **1050.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **8/21/12**

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
Pres	Philip R. Reed	4930 Cerny Rd	Pensacola, FL 32526

10-12
REINSTATEMENT

AUG 24 2012

T. SCOTT

10. E-mail Address:

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

[Signature] **Philip R. Reed**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/12 **850-455-7421**
Date Daytime Phone #