

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -5 PM 4:39

DOCUMENT # V61902

1. Corporation Name

BIG K AUTO & MACHINE, INC.

Principal Place of Business

481 RYAN AVE.
JACKSONVILLE FL 32254

Mailing Address

481 RYAN AVE.
JACKSONVILLE FL 32254



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

2. New Principal Office Address; If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/04/1992

5. FEI Number

59-3129974

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 | City / State / Zip 4 |
|---------------|-------------------------------------------|--------------------------------------------------------|-------------------------|
| P | SMITH, L R | 7667 PLUMMER RD. | JACKSONVILLE FL 32219 |
| V | SMITH, KEVIN | 7667 PLUMMER RD | JACKSONVILLE FL 32219 |
| ST | SMITH, TERRY L | 10552 BEVERLY NALLE RD | JACKSONVILLE FL 32225 |
| | | | 100003265421--1 |
| | | | -05/24/00--01075--001 |
| | | | ****900.00 ****900.00 |

8. Name and Address of Current Registered Agent

SMITH, TERRY L
10552 BEAVERLY NOW RD
JACKSONVILLE FL 32225

9. Name and Address of New Registered Agent

Name

Terry L. Smith

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

10645 Hemming RD

Suite, Apt. #, Etc.

City

JAX

State

FL

Zip Code

32225

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

SIGNATURE REQUIRED

Date

5-4-00

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:

SIGNATURE REQUIRED
TERRY L SMITH

Date

5-4-00 904-389-0624

Daytime Phone #

CR2E040 (8/99)