

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra Morthan
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JAN 13 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V 64222

1. Corporation Name

CLARK AUTO PARTS, INC.

Principal Place of Business

2602 E. College Ave.
Ruskin, FL 33570

Mailing Address

P.O. Box 1718
Ruskin, FL 33570-1718

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

4. Date Incorporated or Qualified
To Do Business in Florida

9-9-92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59 - 3144958

Not Applicable

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Bruce Hutchins	3502 Concho Court	Ruskin, FL 33573
S/T/D	Cathy Hutchins	3502 Concho Court	Ruskin, FL 33573

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8. Name and Address of Current Registered Agent

Bruce Hutchins
2602 E. College Avenue
Ruskin, FL 33570

9. Name and Address of New Registered Agent

Name

Bruce Hutchins

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

3502 Concho Court

Suite, Apt. #, Etc.

City

Ruskin

State

FL

Zip Code

33573

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

Bruce Hutchins
REGISTERED AGENT MUST SIGN

Date *1.8.98*

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce Hutchins President

1.8.98

Date

813-645-4657

Daytime Phone #

CR2E040 (12/96)