

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB -5 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000148036

1. Corporation Name

Tiffany Auto Sales Inc

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

6611 N Monroe St

Suite, Apt. #, etc

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Tall. FL

City & State

Zip

32303

Country

Leon

Zip

Country

100168088741
02/05/10--01024--017 **300.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/06

5. FEI Number

205916199

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

Patricia Bjornsen

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

6611 N Monroe St

Suite, Apt. #, Etc

City

Tall

State

FL

Zip Code

32303

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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] pres.

REGISTERED AGENT MUST SIGN

Date 2-5-10

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
<u>Pres</u>	<u>Patricia Bjornsen</u>	<u>1129 Ames Barineau Rd</u>	<u>Havana FL 32333</u>

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., 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.

SIGNATURE:

[Signature] pre Patricia Bjornsen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-10 264-1723

Date

Daytime Phone #