

2018 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000106091

Entity Name: BILL'S LOW COST TRANSMISSION & AUTOMOTIVE REPAIR, INC.**Current Principal Place of Business:**1883 NORTH MAIN STREET
GAINESVILLE, FL 32609**Current Mailing Address:**1883 NORTH MAIN STREET
GAINESVILLE, FL 32609 US**FEI Number:** 20-0802926**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BILLS LOW COST TRANSMISSION AND AUTOMOTIVE REPAIR, INC
1883 NORTH MAIN STREET
GAINESVILLE, FL 32609 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** WILLIAM III KALEEL

10/09/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	OFFI
Name	KALEEL, WILLIAM CIII
Address	1883 NORTH MAIN STREET
City-State-Zip:	GAINESVILLE FL 32609

Title	DIR
Name	KALEEL, WILLIAM CIII
Address	1883 NORTH MAIN STREET
City-State-Zip:	GAINESVILLE FL 32609

Title	SECR
Name	KALEEL, MARY C
Address	1883 NORTH MAIN STREET
City-State-Zip:	GAINESVILLE FL 32609

Title	TREA
Name	KALEEL, MARY C
Address	1883 NORTH MAIN STREET
City-State-Zip:	GAINESVILLE FL 32609

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM III KALEEL**DIRECTOR**

10/09/2018

Electronic Signature of Signing Officer/Director Detail

Date