

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 SEP 20 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 167650

1. Corporation Name

BAAS AUTO SUPPLY CO INC

REINSTATEMENT 97-05

CR2E081 (8/05)

2. Principal Office Address

1100 SOUTH 14TH STREET

3. Mailing Office Address

P.O. BOX 490240

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LEESBURG, FL

City & State

LEESBURG, FL

Zip

34748

Country

USA

Zip

34749

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/31/1952

5. FEI Number

59-0666038

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
JACK S BAAS

Street Address (P.O. Box Number is Not Acceptable)
1100 SOUTH 14TH STREET

Suite, Apt. #, Etc.

City
LEESBURG

State
FL

Zip Code
34748

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

J S Baas

REGISTERED AGENT MUST SIGN

Date 9-13-05

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
P	JACK S BAAS	1100 SOUTH 14TH STREET	LEESBURG, FL 34748

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10. 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:

J S Baas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-13-05

Date

Daytime Phone #

KOS 09/20/05