

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

FILED

01 FEB 15 PM 1:55

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

APPLICATION  
 FOR  
 REINSTATEMENT

DOCUMENT # **671122**

1. Corporation Name

**BERNARD'S AUTOMOTIVE GARAGE, INC.**

Principal Place of Business

Mailing Address

4215 N.W. HWY. 40  
 OCALA FL 32675

4215 N.W. HWY. 40  
 OCALA FL 32675

*[Handwritten initials]*



**REINSTATEMENT 00-01**

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/23/1980	
City & State		City & State		5. FEI Number	
				59-2008123	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
				Applied For	
				Not Applicable	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
ST	TUGGERSON, LILLIE	4215 NW. HWY. 40	OCALA FL
PD	TUGGERSON, BERNARD	4215 NW. HWY. 40	OCALA FL

900003796359--3  
 -03/02/01--01079--025  
 \*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TUGGERSON, BERNARD SR  
 4215 N.W. HIGHWAY 40  
 OCALA FL 34482

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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]* **REGISTERED AGENT MUST SIGN** Date: **2/7/01**

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]* **LILLIE TUGGERSON** *[Signature]* **Secretary** Date: **2/14/2000** Daytime Phone #: **(352) 629-9609**

CR2E040 (8/00)