

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 671122

1. Corporation Name

Bernard's Automotive Garage, Inc.

2. Principal Office Address

4215 N.W. Hwy. 40

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34482

Country

3. Mailing Office Address

4215 N.W. Hwy. 40

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34482

Country

REINSTATEMENT

02-04
TMRD

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/23/1980

5. FEI Number

59-2008123

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

Bernard Tuggerson

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

4215 N.W. Hwy. 40

Suite, Apt. #, Etc.

City

Ocala

State
FL

Zip Code
34482

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

Bernard Tuggerson
REGISTERED AGENT MUST SIGN

Date 2-4-04

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
S/T	Tuggerson, Lillie	4215 N.W. Hwy. 40	Ocala, FL 34482
P/D	Tuggerson, Bernard	4215 N.W. Hwy. 40	Ocala, FL 34482
V	Tuggerson, Bernard, Jr.	4215 N.W. Hwy. 40	Ocala, FL 34482

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)(l), 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:

Lillie Tuggerson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lillie Tuggerson

2/4/04

352-622-8960

Date

Daytime Phone #

CR2E081 (01/04)