

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -4 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K80754

1. Corporation Name

HB AUTO CARE AND SALES, INC.

Principal Place of Business

1360 NW 54TH STREET  
MIAMI FL 33142

Mailing Address

1360 NW 54TH STREET  
MIAMI FL 33142

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

04/11/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

65-0118989

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	BARNETT, HUGO	1938 NW 185TH ST	MIAMI FL
VP	BARNETT, MARENE N.	1938 NW 185 ST	MIAMI FL

400008769264

11/04/02--01004--030 \*\*\*150.00

8. Name and Address of Current Registered Agent

BARNETT, HUGO  
1938 NW 185TH ST.  
MIAMI FL 33056

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

HUGO BARNETT  
REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/28/02

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:

HUGO BARNETT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/28/02 (305) 467-7041

CR2E040 (802)

1360 N W 54<sup>th</sup> STREET  
MIAMI, FL 33142

October 28, 2002

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Re: **Waiver for Reinstatement**

Dear Sir or Madam:

Please be advised that I had not received the two notices, which you sent. The shop is temporarily closed and I am now operating a dump truck in Palm Beach, which is a part of the corporation. My son picks up and sorts the mail and takes it straight to the accountant for my tax to be filed.

To date, the accountant has not submitted my tax returns and therefore I had not received the two previous notices. I recently went to the shop and discovered the third notice and would appreciate your consideration in waiving the reinstatement fee and allow me to only pay the original \$150.00, which is enclosed.

Your consideration will be greatly appreciated.

Sincerely,

A handwritten signature in cursive script that reads "Hugo Barnett". The signature is written in dark ink and is positioned above the printed name.

Hugo Barnett