

CHK 3830
1/050

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
17 JUL 19 PM 4:11

DOCUMENT # P00000068984

1. Corporation Name

BOB BROWN AUTOMOTIVE + FLEET SERVICE INC
1012 24TH AVE E
ELLENTON, FL 34222

2. Principal Office Address - P.O. Box #

3. Mailing Office Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

US

US

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

7/17/2000

5. FEI Number

65-1031855

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

GARY BLANKENSHIP

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

1012 24TH AVE E

Suite, Apt. #, Etc

City

ELLENTON

State

FL

Zip Code

34222

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07/19/17--01024--025 **1050.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 7/17/2017

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/VP	GARY BLANKENSHIP	1012 24TH AVE E	ELLENTON, FL 34222

10. E-mail Address:

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/17/2017

Daytime Phone #

T. HENDERSON
JUL 20 2017

941-729-5517