

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000077702

1. Entity Name
BAPTISTE AUTO BODY SHOP, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL -9 AM 11:49

Principal Place of Business
590 NORTHWEST 71 STREET
MIAMI, FL 33138

Mailing Address
590 NORTHWEST 71 STREET
MIAMI, FL 33138



2. Principal Place of Business - No P.O. Box #
590 Northwest 71 St
Suite, Apt. #, etc

3. Mailing Address
590 Northwest 71 St
Suite, Apt. #, etc

06102008 REIN-P CR2E098 (1/07)

City & State
MIAMI, Florida 33150
Zip Country
33150 USA

City & State
MIAMI, Florida
Zip Country
33150 USA

4. FEI Number
62-1830730
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAPTISTE, JEAN PIERRE
14120 NE 16 CT.
NORTH MIAMI, FL 33181

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

6-17-08

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME P
STREET ADDRESS BAPTISTE, JEAN PIERRE
CITY- ST- ZIP 590 NORTHWEST 71 STREET
MIAMI, FL 33138 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
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CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME BAPTISTE Auto Body Shop
STREET ADDRESS BAPTISTE Jean-Pierre Inc.
CITY- ST- ZIP 590 NW 71 ST
MIAMI, FL 33150 ☐ Change ☐ Addition
INVALID

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition
000131673330
06/25/08--01006--003 **900.00

TITLE
NAME BAPTISTE Jean-Pierre
STREET ADDRESS BAPTISTE Jean-Pierre
CITY- ST- ZIP 590 N.W 71 ST
MIAMI, FL 33150 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-17-08 (305) 733-8221