

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 AUG 23 AM 4:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000109434

1. Corporation Name

**CAR-O-BOB, INC.**

600108536326  
08/23/07--01037--015 \*\*1200.00

**REINSTATEMENT** CR2E081 (1/07)

04-07

2. Principal Office Address - No P.O. Box #

7375 Manasota Key Rd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Englewood, FL

City & State

Zip  
34223

Country  
Sarasota

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/22/2000

5. FEI Number

651071998

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  
Kevin Staas

Street Address (P.O. Box Number is Not Acceptable)  
245 N. Tamiami Trail

Suite, Apt. #, Etc.  
Suite F

City  
Venice

State  
FL

Zip Code  
34285

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 7/20/2007

REGISTERED AGENT MUST SIGN

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
D	Robert Antoinette	7375 Manasota Key Rd.	Englewood, FL 34223
D	Carol Antoinette	7375 Manasota Key Rd.	Englewood, FL 34223

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 contained in Chapter 119, 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:

Robert Antoinette

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/2007

Date

941-650-1787

Daytime Phone #