

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000117939

1. Entity Name
E & B AUTO SALES & SERVICE, INC.



FILED
05 MAY -2 AM 9:55

RECEIVED
TALLAHASSEE, FLORIDA
04-05

Principal Place of Business
4940 S. ORANGE AVE
ORLANDO, FL 32806

Mailing Address
4940 S. ORANGE AVE
ORLANDO, FL 32806

2. Principal Place of Business
4940 S ORANGE AV
Suite, Apt. #, etc.
Bay F.

3. Mailing Address
4940 S ORANGE AV
Suite, Apt. #, etc.
F.

City & State
Orlando FL
Zip
32806
Country
ORANGE

City & State
Orlando FL
Zip
32806
Country
ORANGE

04252005 REIN-P CR2E098 (6/04)

4. FEI Number
59-3694629

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FARQUHARSON, BEULAH
3046 STILLWATER DRIVE
KISSIMMEE, FL 34743

7. Name and Address of New Registered Agent

Name
Earlton Farquharson
Street Address (P.O. Box Number is Not Acceptable)
333 Blue Bayou DR
City
Kissimmee FL Zip Code
34743

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-05

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FARQUHARSON, EARL
4940 S ORANGE AVE
ORLANDO, FL 32806 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600054333086 ☐ Addition
05/12/05--01061--010 ***332.50

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FARQUHARSON, BEULAH
4940 S. ORANGE AVE
ORLANDO, FL 32806 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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 exemption stated in Section 119.07(3)(i), 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: Earlton Farquharson

4-29-05 407 247-6914

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PS 272

APRIL 15, 2005

ATTN: PATRICIA BAILEY
FLORIDA DEPARTMENT OF STATE
P.O. BOX 6327
TALLAHASSEE, FL 32314

I did not receive the renewal letter because of the hurricane. The
business was heavily damage, and I lost a lot of important
paperwork. I am asking for this late fee to be waived. Thank You.

Sincerely,
Earl Farquharson

