

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 30 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 801000019563

1. Corporation Name

THE BLESS AUTO CENTER INC.

2. Principal Office Address

2636 Floral Ave

Suite, Apt. #, etc.

3. Mailing Office Address

2636 Floral Ave.

Suite, Apt. #, etc.

City & State

Apopka, FL

City & State

Apopka, FL

Zip

32703

Country

Orange

Zip

32703

Country

Orange

300043286443
12/08/04--01064--006 **758.75

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

02-22-01

5. FEI Number

59-3707650

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

Benigno Hernandez

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

3809 Holly Court

Suite, Apt. #, Etc.

City

Zellwood

State

FL

Zip Code

32798

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

Benigno Hernandez
REGISTERED AGENT MUST SIGN

Date 12-06-04

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/V	Benigno Hernandez	3809 Holly Court	Zellwood, FL 32798
S/T	Bernardino Maldonado	3703 George Martin Rd	Zellwood, FL 32798

300043286443
12/30/04--01003--003 **150.00

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 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:

Benigno Hernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-06-04 4079246604

Date

Daytime Phone #

CR2001 (01-04)