

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 9:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P01000083010**

1. Corporation Name

BLUE ANGEL AUTO OUTLET, INC.

Principal Place of Business

Mailing Address

~~4285 NAVY BLVD~~
~~PENSACOLA FL 32507~~

~~4285 NAVY BLVD~~
~~PENSACOLA FL 32507~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

6660 PENSACOLA BLVD

Suite, Apt. #, etc.

6660 PENSACOLA BLVD

City & State

PENSACOLA - FL.

City & State

PENSACOLA, FL.

Zip

32505

Country

USA

Zip

32505

Country

USA

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

08/21/2001

5. FEI Number

59-3739737

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPST	HAYNIE, TED Q	13556 PERDIDI KEY DRIVE	PENSACOLA FL 32507

600023819646
10/15/03--01059--001 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HAYNIE, TED Q
13556 PERDIDO KEY DRIVE
PENSACOLA FL 32507

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date **10-9-03**

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., 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: *[Signature]* **TED Q. HAYNIE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-9-03 **850-475-3341**
Date Daytime Phone #

CR2E040 (7/03)

BLUE ANGEL AUTO OUTLET, INC.

6660 PENSACOLA BLVD.

PENSACOLA, FL 32505

Telephone (850) 475-3341

Facsimile (850) 475-4171

October 9, 2003

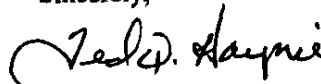
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Reinstatement of Corporation.**Dear Madam or Sir:**

Please accept this letter as my request to reinstate this corporation, due to prior UBR notices not being received. The corporation changed physical and mailing addresses in January 2003 as reflected on the reinstatement application.

Thank you for your cooperation. If you should need anything further, please do not hesitate to call or fax me at the numbers listed above.

Sincerely,



Ted Q. Haynie
President