

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 26 AM 8:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *P02000074292*

1. Corporation Name

*B+L Auto Corp.*

2. Principal Office Address

*256 SW 6<sup>th</sup> Avenue*

Suite, Apt. #, etc.

City & State

*Homesked, FL*

Zip

*33030*

Country

*DALE*

3. Mailing Office Address

*256 SW 6<sup>th</sup> Ave*

Suite, Apt. #, etc.

City & State

*Homesked, FL*

Zip

*33030*

Country

*DALE*

4. Date Incorporated or Qualified  
To Do Business in Florida

*7/9/2002*

5. FEI Number

☒ 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

*Bruce Ramirez*

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

*13400 SW 188 Ave*

Suite, Apt. #, Etc.

City

*Miami*

State

*FL*

Zip Code

*33196*

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

*Bruce Ramirez*

Date *4/21/04*

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
<i>Pres</i>	<i>Bruce Ramirez</i>	<i>13400 SW 188 Ave</i>	<i>Miami, FL 33196</i>

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:

*Bruce Ramirez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*4/21/04*

Daytime Phone #

CR2E081 (01/04)

April 21, 2004

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, Fl. 32314

**RE: B & L Auto Corp. Document Number P02000074292**

Dear Sirs:

Please be advised that I submitted a renewal packet with our check back in February of 2003.

I contacted my bank and they researched and informed me that my check was never cashed.

After going to your website I noticed that my corporation indicates the following "**Admin Dissolution for Annual Report**", which most likely was noted because you did not receive my renewal packet.

I have contacted your office and I was informed to complete the enclosed reinstatement form and include a check for \$300.00.

Please note, included in the reinstatement form is my request to delete Linda Ramirez as an officer of the corporation.

I hope this is to your satisfaction, please contact me at 305-247-5121 Ext. 1304 with any questions you may have.

Your assistance is greatly appreciated.

Thank you,

*Bruce Ramirez* 4/21/04  
Bruce Ramirez  
President