

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
Nov 04, 2005 8:00 A.M.
Secretary of State

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 030000 45563

1. Corporation Name

Bailey's Auto Repair, Inc.
W050000 45812

2. Principal Office Address

5730 SW 25 St

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Zip

33023

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/23/2003

5. FEI Number

55-0828227

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

Radika Bailey

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

5730 SW 25 Street

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33023

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

Radika I. Bailey

REGISTERED AGENT MUST SIGN

Date 9/13/05

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 | Rolleyn Bailey | 5730 SW 25 St | Hollywood FL 33023 |
| D | Radika I. Bailey | 5730 SW 25 St | Hollywood FL 33023 |
| | | | |
| | | | |
| | | | |
| | | | |

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:

Radika I. Bailey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/13/05

Daytime Phone #