

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000121838

1. Entity Name
F. B. AUTO SALES, CORP.



Principal Place of Business
606 W. MOWRY DR.
HOMESTEAD, FL 33030

Mailing Address
606 W. MOWRY DR.
HOMESTEAD, FL 33030

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06082007
4. FEI Number
20-3473217
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOCANEGRA, FELICIANO JR
18786 SW 344TH DR.
FLORIDA CITY, FL 33034

Name

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

City

FL

Zip Code

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: *J. Bocanegra*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/8/07
DATE

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 PD
NAME BOCANEGRA, FELICIANO ☐ Delete
STREET ADDRESS 970 NE 5TH AVE.
CITY-ST-ZIP HOMESTEAD, FL 33030

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

TITLE SD
NAME BOCANEGRA, IRMA ☐ Delete
STREET ADDRESS 970 NE 5TH AVE.
CITY-ST-ZIP HOMESTEAD, FL 33030

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

TITLE D
NAME BOCANEGRA, FELICIANO JR ☐ Delete
STREET ADDRESS 18786 SW 344TH DR.
CITY-ST-ZIP FLORIDA CITY, FL 33034

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *J. Bocanegra*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/08/07
Date

Daytime Phone #

B. Mather JUN 11 2007

FILED
07 JUN 11 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 07