

2011 FOR PROFIT CORPORATION REINSTATEMENT

FILED

11 OCT 13 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P10000002630 1. Entity Name B.M. AUTOS INC					
Principal Place of Business 14800 93RD ST FELLSMERE, FL 32948 US			Mailing Address PO BOX 1180 FELLSMERE, FL 32948 US		
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	4. FEI Number 271625921	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CARRIER SERVICES OF FLORIDA 1357 E LAFAYETTE ST TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Sophia Colunga DBA S+C Carrier Services Street Address (P.O. Box Number is Not Acceptable) 2022 Bushy Hall Rd City Tallahassee FL Zip Code 32309	
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 Sophia Colunga <small>Signature, typed or printed name of registered agent and title if applicable</small>		Sophia Colunga <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE 10-12-2011	
FILE NOW!!! FEE IS \$750.00 After January 1, 2012, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GABBERT, LINDSEY N 14800 93RD ST FELLSMERE, FL 32948 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MCMATH, BRADLEY 14800 93RD ST FELLSMERE, FL 32948 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Bradley S McMath <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER</small>			Bradley S McMath Date 10-12-2011		