

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

15 JUL -2 AM 10:31

DOCUMENT # P11000000145

1. Corporation Name

Bob's Auto + Muffler Shop, Inc.

2. Principal Office Address - No P.O. Box #

238 Hiway 17<sup>th</sup> 92<sup>nd</sup> North same

Suite, Apt. #, etc.

N/A

3. Mailing Office Address

Suite, Apt. #, etc.

N/A

City & State

Haines City, FL

City & State

same

Zip

Country

33844

USA

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

01/01/2011

5. FEI Number

274435134

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

John R. Glover

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

5372 East Johnson Ave.

Suite, Apt. #, Etc.

N/A

City

Haines City

State

FL

Zip Code

33844

600274671456  
07/02/15--01025--003 \*\*\$100.00

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

John R. Glover

REGISTERED AGENT MUST SIGN

Date

6-29-15

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
Owner	John R. Glover	5372 E. Johnson Ave.	Haines City, FL 33844

10. E-mail Address: N/A

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

John R. Glover

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/15

Date

863-661-3737

Daytime Phone #