

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUN 14 PM 2:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P93000022404*

1. Corporation Name

*BOB'S AUTO SALES & SERVICE INC.*

2. Principal Office Address

*8233 ATLANTIC BLVD*

Suite, Apt. #, etc.

City & State

*JAX*

Zip

*32211*

Country

*U.S.A*

3. Mailing Office Address

*SAME*

Suite, Apt. #, etc.

*Same.*

City & State

*FL*

Zip

*32211*

Country

*U.S.A*

**REINSTATEMENT** *03-04* *Wap*

4. Date Incorporated or Qualified  
To Do Business in Florida

*1989*

5. FEI Number

*59-3173346*

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

*ROBERT WALTER*

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

*12522 ST. MARTIN'S AVE S. 100037720001*

Suite, Apt. #, Etc.

*06/07/04-01029-005 \*\*300.00*

City

*JACKSONVILLE*

State  
**FL**

Zip Code

*32246*

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

*Robert Walter*

Date *06.04.04*

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>ROBERT WALTER</i>	<i>12522 ST. MARTIN'S AVE S.</i>	<i>JAX, FL 32246</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:

*Robert Walter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*06.04.04. 904-724-1016*

Date

Daytime Phone #

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BOB'S AUTO SALES & SERVICE, INC.  
8233 ATLANTIC BLVD.  
JACKSONVILLE, FL 32211  
(904) 724-1016 FAX (904) 724-1031

I never received the renewal for 2003  
or ~~the~~ 2004 for corporation renewal.  
All my paper was sent to the  
old address 7230 ATLANTIC BLVD. 32211

I moved on 1998 June to 8233  
ATLANTIC BLVD. 32211 - Thank you  
very much for understanding,

Robert W. [Signature]  
6.04.04