

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State

DIVISION OF CORPORATIONS

W05000022489

FILED

05 JUN -8 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000017791

1. Corporation Name

BJE Auto Wholesaler, Inc.

2. Principal Office Address

1611 ELMSTEAD CT.

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32824

Country

USA

3. Mailing Office Address

1611 ELMSTEAD CT.

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32824

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/2/1994

5. FEI Number

59-3228428

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

Benjamin Barbosa

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

1611 ELMSTEAD CT.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32824

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 04-20-05

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
PT	Benjamin Barbosa	1611 ELMSTEAD CT.	Orlando, FL 32824

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] BENJAMIN BARBOSA 04/20/05 407870-3131

CR2E081 (01/05)