

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000087477**

FILED

98 SEP 24 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

TRIPLE B AUTO STORE INC

Principal Place of Business

Mailing Address

**6138 SW 33RD ST
MIRAMAR, FL 33023**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEE Number

Apply Fee

Not Applicable

City & State

City & State

65-0732549

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$9.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Titles	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P	JULIAN CORDERO	6138 SW 33rd St MIRAMAR, FL 33023	600002649366--2 -09/25/98--01089--004 ****335.00 ****335.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: **ROBINSON ACCOUNTING SERVICE INC**
Street Address (P.O. Box Number is Not Acceptable): **1999 W CUCUNIAL DR**
Suite, Apt. #, Etc.: **107**
City: **ORLANDO**
State: **FL** Zip Code: **32804**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9/23/98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Julian Cordero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/98 **(407) 426-8705**
Date Daytime Phone #

Robinson Accounting

Robinson Accounting
1999 W Colonial Dr
Orlando, FL 32804

Phone (407) 426-8705
Fax (407) 423-2976

Tuesday, September 8, 1998

Secretary of State
Division of Corporations
Tallahassee, FL 32301

2

To Whom It May Concern,

This letter is to inform your agency that Mr. Julian E. Cordero, president of Triple B Auto Store Inc., was not aware that he was suppose to filed annual corporate reports. The business has relocated three time in past two years, due to this fact, Mr. Cordero has not received a annual corporate report. We are asking that you abate the penalties and allow us to pay \$165 for 1996 and \$150 for 1997. The Corporates current mailing address is 6138 S.W. 33rd Street, Miramar, Florida, 33023.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,



Maurice Robinson
President