

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Tallahassee
Secretary of State
DIVISION OF CORPORATIONS

2001 UBR

FILED

01 DEC 14 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000107361

1. Corporation Name

BOB'S AUTO & MARINE UPHOLSTERY CO.

Principal Place of Business

3082 A WEST THARPE STREET
TALLAHASSEE FL 32303

Mailing Address

3082 A WEST THARPE STREET
TALLAHASSEE FL 32303

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1999

5. FEI Number

59-3550291

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	KESSLING, ROBERT P	3060 C WEST THARPE STREET	TALLAHASSEE FL 32303

600004740996--0
-12/27/01--01034--013
****150.00 ****150.00

ILLS *LL*

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name
SPIEGEL & UTRERA, P.A.
Street Address (P.O. Box Number is Not Acceptable)
1840 Southwest 22 Street
Suite, Apt. #, Etc.
4th Floor
City
Miami
State
FL
Zip Code
33145

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.

Spiegel & Utrera, P.A.

Signature of
Registered Agent

By: *Natalia Utrera*
Natalia Utrera, Vice President

Date 10-17-01

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., 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: *R.P. KESSLING*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-17-01 850575783
Daytime Phone #

DATE 1079-01

2012

TO: DEPARTMENT OF STATE

FROM BOB'S AUTO MARINE UPHOLSTERY CO.
3082 A. W. THARPE ST TALLAHASSEE FL
32303

PH- 850 5757577

I DID NOT RECEIVE ANY PRIOR
CORRESPONDENCE ON THIS SUBJECT.

R.P. Messing

R.P. MESSING