

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99060088015

1. Corporation Name

Bernie's Body Shop, Inc.

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

511 Sagamore St

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33803

Country

U.S.

3. Mailing Office Address

511 Sagamore St.

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33803

Country

USA

7. Name and Address of Current Registered Agent

Name

ALAN B. NOEL

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

511 Sagamore St

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33803

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

alan B Noel

REGISTERED AGENT MUST SIGN

Date

3/2/07

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
Director	ALAN B. NOEL	511 Sagamore St.	Lakeland, FL 33803

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 contained in Chapter 119, 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:

ALAN B. NOEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/2/07

Daytime Phone #

863-688-7593

FILED

07 MAR 14 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100093247561

03/16/07--01009--012 **450.00

REINSTATEMENT

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

1999-
2000

5. FEI Number

59-3626186

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

B. Mitchell MAR 13 2007