


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 APR 19 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 272288

1. Corporation Name

Bainbridge Motors Inc

2. Principal Office Address

5 Putter Lane

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 2074

Suite, Apt. #, etc.

City & State

Palatka, FL

Zip

32177

Country

US

City & State

Palatka, FL

Zip

32178

Country

US

REINSTATEMENT 02-06
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida

7/30/63

5. FEI Number

591006804

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

Norma B. Beckler

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

Suite, Apt. #, Etc.

5 Putter Lane

City

Palatka, FL

State

FL

Zip Code

32177

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

Norma B. Beckler

REGISTERED AGENT MUST SIGN

Date

4/10/06

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
P/D	Norma B. Beckler	5 Putter Lane	Palatka, FL 32177
		<i>[Signature]</i>	100073756101 05/02/06--01063--008 **1350.00

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:

Norma B. Beckler Norma B. Beckler ✓ 4/10/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #