

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 OCT 18 PM 12:40

DOCUMENT # **P0000071854**

1. Corporation Name

POP & SON, CORP.

Principal Place of Business

Mailing Address

~~230 LARRAINE DR.
 MARY ESTHER FL 32569~~

~~230 LARRAINE DR.
 MARY ESTHER FL 32569~~



REINSTATEMENT 01

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

07/27/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

178 EGLIN PARKWAY

178 EGLIN PARKWAY

City & State

City & State

FORT WALTON BEACH

FORT WALTON BEACH

Zip

Country

Zip

Country

32548

OKALOOSA

32548

OKALOOSA

5. FEI Number

Applied For

59-3661035

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	William F. Urspruch SR	MARY ESTHER FL 32569 230 W. LORRAINE DR.	MARY ESTHER FL 32569
VRS,	William F. Urspruch II	230 W. LORRAINE DR.	MARY ESTHER FL 32569

000004658130--2
 -10/29/01--01102--019
 ****750.00 ****750.00
 for w/200

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

URSPRUCH, WILLIAM F II
~~230 LARRAINE DR.~~
 MARY ESTHER FL 32569

Name

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

230 WEST LORRAINE DRIVE

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature]
 REGISTERED AGENT MUST SIGN

Date

10/15/01

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:

[Signature]
 WILLIAM URSPRUCH
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/01 850-243-5555

CR2E040 (8/01)