

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JUL 27 AM 8:08

DOCUMENT # P03000063185

1. Corporation Name

Bumperdate Inc  
5944 Coral Ridge Drive  
#204  
Coral Springs, FL 33076

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

5944 Coral Ridge #204  
Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Coral Springs

City & State

Zip

33067

Country

US

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

6/09/2003

5. FEI Number

571184935

☐ 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

Jill Stanzione

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

5944 Coral Ridge #204

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33067

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

Jill Stanzione

REGISTERED AGENT MUST SIGN

Date

7/15/2010

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
Pres	Jill Stanzione	5944 Coral Ridge #204	Coral Springs, FL 33076

10. E-mail Address: Jill1006@Comcast.net

(To be used for future annual report notification)

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. I further certify, 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:

Jill Stanzione

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/15/2010 818-5357

Daytime Phone #