

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

**DOCUMENT #**

1. Corporation Name

The Bolling Group, INC.  
PO 5000144664

10 MAR 30 AM 9:04

800172790788  
03/22/10--01051--013 \*\*450.00

KS

**REINSTATEMENT** 07-10

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

1721 Magdalene Manor Dr.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Same

Zip

33613

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/26/2005

5. FEI Number

20-3688308

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 Carla Bolling

Street Address (P.O. Box Number is Not Acceptable) 1721 Magdalene Manor Dr.

Suite, Apt. #, Etc.

City Tampa

State FL

Zip Code 33613

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.

800172790788  
03/31/10--01037--008 \*\*150.00

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

Carla H Bolling

Date 3-18-10

REGISTERED AGENT MUST SIGN

**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
VP	Mark Bolling	1721 Magdalene Manor Dr.	Tampa, FL 33613
P	Carla Bolling	1721 Magdalene Manor Dr	Tampa, FL 33613

10. E-mail Address: cbolling@tampabay.rr.com

(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:

Carla H Bolling

3-18-10

Date

813495-8882

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR