

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -5 PM 12:04

DOCUMENT # P94000094149

1. Corporation Name
B.A. BODENHEIMER & CO., INC.

Principal Place of Business Mailing Address

2831 N.W. 41st Street, Suite A
Gainesville, FL 32606

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 99-00
DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable
2304 Fontaine Court

3. New Mailing Address, if Applicable
2304 Fontaine Court

4. Date Incorporated or Qualified To Do Business in Florida
12-30-94

City & State
Charlotte, NC

5. FEI Number
59-3298895
Applied For
Not Applicable

Zip
28270
Country
US

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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include Andrew J. Bodenheimer, Brenda J. Bodenheimer, and Carol Bodenheimer Alberts.

300003299393--0
06/21/00-01087-006
****900.00 ****900.00

Handwritten signature/initials

8. Name and Address of Current Registered Agent

Andrew J. Bodenheimer
4235 S.W. 91st Drive
Gainesville, FL 32607

9. Name and Address of New Registered Agent

Name
BRUCE BRASHEAR, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
926 N.W. 13th Street
Suite, Apt. #, Etc.
City
Gainesville
State
FL
Zip Code
32601

CR2E040 (12/95)

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
REGISTERED AGENT MUST SIGN
Date 3/23/2000

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [XX] No [] (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 3/23/2000
352 336 0800
Daytime Phone #