

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000054759			
1. Corporation Name B.O.B. Tallahassee, Inc.			
Principal Place of Business 3412 W. Palmina Ave. Tampa, FL 33629		Mailing Address (same)	
If above addresses are incorrect in any way, line through incorrect information and enter correction below			
2. New Principal Office Address, if Applicable 1800 Thomasville Rd.		3. New Mailing Office Address, if Applicable Same	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State Tallahassee, FL		City & State	
Zip 32303 Country U.S.		Zip Country	
		4. Date Incorporated or Qualified To Do Business in Florida 7-25-94	
		5. FEI Number 59-3266255	
		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Bradley B. Gray	1800 Thomasville Rd.	Tallahassee, FL 32303
000003040380--2 11/03/99--01100--010 ****865.00 ****813.75			
<i>95-99 AR TS</i>			
8. Name and Address of Current Registered Agent Bradley B. Gray 3412 W. Palmira Ave. Tampa, FL 33629		9. Name and Address of New Registered Agent Name Don D. Dye Street Address (P O Box Number is Not Acceptable) 317 E. Call St. Suite, Apt. #, Etc City Tallahassee State FL Zip Code 32301	
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 		Date 7-23-99	
REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
12. 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:		Date 7-23-99	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

AFFIDAVIT

STATE OF FLORIDA

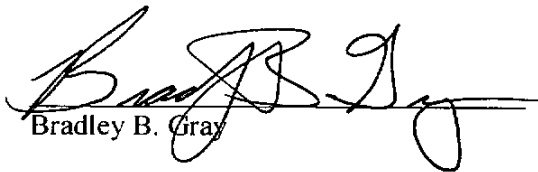
COUNTY OF LEON

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Before me, the undersigned authority, personally appeared BRADLEY B. GRAY, who after first being duly sworn and cautioned, deposes and states:

1. That he is president and registered agent of the corporation known as B.O.B. Tallahassee, Inc. which was administratively dissolved on August 25, 1995.
2. That the aforesaid corporation was incorporated while he resided in Tampa, Florida, and shortly after incorporation he moved from Tampa to Tallahassee, Florida.
3. That shortly after incorporation the principal place of business for the corporation was changed to 1830 Thomasville Road, Tallahassee, Florida, and this address was subsequently changed by the post office to 1800 Thomasville Road.
4. That he has no knowledge of receipt of any corporate annual reports or any other correspondence from the Department of State regarding the corporation and was unaware of the requirement of filing annual reports.

AFFIANT FURTHER SAYETH NOT.


Bradley B. Gray

The foregoing instrument was acknowledged before me this 23rd day of September, 1999, by Bradley B. Gray, who is personally known to me or has produced _____ as identification.


NOTARY PUBLIC:
Printed Name: DON D. DYE
My Commission Expires: _____
(SEAL)

LAW OFFICES
THE DYE LAW FIRM, P.A.

JIM L. DYE (1932-1998)
DON D. DYE*
JIMMY DYE
*Licensed in Florida & Georgia

ATTORNEYS AND COUNSELORS AT LAW
317 EAST CALL STREET
POST OFFICE BOX 4148
TALLAHASSEE, FLORIDA 32315

TELEPHONE (850) 224-1205
FAX (850) 224-0234

September 22, 1999

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Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: B.O.B. Tallahassee, Inc.
Document No. P94000054759

Dear Sir or Madam:

Please find enclosed an executed Application for Reinstatement for the above corporation. No fees have been included because at this time my client would respectfully request a waiver of all reinstatement fees. All unpaid annual fees, however, will be paid immediately if, and when, the reinstatement fees are waived.

In support of my client's request for a waiver I have enclosed an executed affidavit from the registered agent. As you will note, the registered agent moved from Tampa to Tallahassee shortly after incorporation and he never received any annual notices or other correspondence from your department. The principal address at the corporation was also changed from 1830 to 1800 Thomasville Road and this may have contributed to the lack of notice as to the dissolution.

Based on the above, my client would request your favorable consideration of its request to allow for reinstatement without penalty. Your assistance is appreciated.

Very truly yours,



Don D. Dye

DDD/dbg

Enclosures