

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV 10 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 143175

1. Corporation Name

B.D. COLE, INC.

Principal Place of Business

10337 N. MILITARY TRAIL

2240 PALM BEACH LAKES BLVD

W- PALM BEACH GARDENS, FL

W- PALM BEACH FL 33409

US

33410

Mailing Address

P.O. BOX 3266

P.O. BOX 3266

W- PALM BEACH FL 33402

US

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

2. New Principal Office Address, If Applicable
10337 N. MILITARY TRAIL

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS, FL

Zip 33410

Country

PALM BEACH

3. New Mailing Office Address, If Applicable

SAME AS OFFICE ADDRESS

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/03/1944

5. FEI Number

59-0200350

Applied For

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	COLE, JOSEPH SR	10337 N. MILITARY TRAIL 2240 PALM BEACH LAKES BLVD	W- PALM BEACH FL PALM BEACH GARDENS, FL. 33410
PD	ALLEN, RAYMOND W JR	10337 N. MILITARY TRAIL 2240 PALM BEACH LAKES BLVD	W- PALM BEACH FL PALM BEACH GARDENS, FL. 33410
VPSD	CALDWELL, MANLEY P. J	324 ROYAL PALM WAY	PALM BEACH FL
TD	SORY, JAMES R JR.	181 SATINWOOD LN	PALM BEACH GARDENS FL 33410
D	CORR, CAROLYN C	10337 N. MILITARY TRAIL 2240 PALM BEACH LAKES BLVD	WEST PALM BEACH FL 33409 PALM BEACH GARDENS, FL. 33410

8. Name and Address of Current Registered Agent

CALDWELL, MANLEY P., JR.
324 ROYAL PALM WAY
PALM BEACH FL 33480

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

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. or 617.0505, F.S.

Signature of
Registered Agent

Manley P. Caldwell Jr.
REGISTERED AGENT MUST SIGN

Date

10/16/03

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:

Manley P. Caldwell Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/03

Date

561 655-0620

Daytime Phone #

CR2E040 (7/03)