

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 30 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 317715

1. Corporation Name

BURDETTE COWARD & COMPANY, INC.

2. Principal Office Address

17160 BURNT STORE ROAD

3. Mailing Office Address

17160 BURNT STORE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PUNTA GORDA, FL

City & State

PUNTA GORDA, FL

Zip

33955

Country

CHARLOTTE

Zip

33955

Country

CHARLOTTE

4. Date Incorporated or Qualified
To Do Business in Florida

06/12/1967

5. FEI Number

59-1166898

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

800008686228
10/30/02--01001--023 **\$900.00

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

COWARD, BOBBY G.

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

25121 KIMBERLY COURT

Suite, Apt. #, Etc.

City

PUNTA GORDA

State
FL

Zip Code

33955

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

Bob G. Coward
REGISTERED AGENT MUST SIGN

Date

10/22/02

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
PD	COWARD, BOBBY G.	25121 KIMBERLY COURT	PUNTA GORDA, FL 33955
VD	COWARD, LEONARD B.	17000 BURNT STORE ROAD	PUNTA GORDA, FL 33955

10. 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:

Leonard B. Coward

LEONARD B. COWARD

10/22/02

941-639-1626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)