

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**

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

DO NOT WRITE IN THIS SPACE

FILED

97 JUL -7 AM 5:03

Read Instructions on Other Side Before Making Entries.
Make Check Payable To: **Department of State**

1. Name and Mailing Address of Corporation: **DOCUMENT # 3832258**

Burrvack, Inc.
740 N.E. 23rd Ave. B9
Gainesville, FL 32609

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State

Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State

Zip Code

W97-14076

4. Date Incorporated or Qualified To Do Business in Florida

6/1/71

5. FEI Number

59-1351846

FEI Number Applied For

FEI Number Not Applicable

6. **\$8.75 Additional Fee required for a Certificate of Status**

CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Arthur W. Burrichter	740 N.E. 23rd Ave. B9	Gainesville, FL 32609
Sec./ Treas.	Verna M. Burrichter	740 N.E. 23rd Ave. B9	Gainesville, FL 32609
			300002235459--2 -07/10/97--01111--001 ***1410.00 ***1410.00

REINSTATEMENT 93-97

300002235459--2

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Arthur W. Burrichter
740 N.E. 23rd Ave. B9
Gainesville, FL 32609

9. Name

If changed, new registered agent / office

*****8.75 *****8.75

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City

State

Zip

FL.

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

Arthur W. Burrichter
REGISTERED AGENT MUST SIGN

Date

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

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

13. 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 of Officer or Director

Arthur W. Burrichter

Date

June 5, 1997

Daytime Phone #

352-377-7121

Typed or printed name of signing officer or director

Arthur W. Burrichter