

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAR 25 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 383238

1. Corporation Name

Burrwach, Inc.
5807 N.W. 54th Way
Gainesville, Fl. 32653-3267

2. Principal Office Address

5807 N.W. 54th Way

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Gainesville, Fl.

City & State

Zip

32653

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/1/71

5. FEI Number

59-1351846

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Arthur Burrichter

100005271241-0

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

5807 N.W. 54th Way

04/15/02 01018-007

****908.75 ****908.75

Suite, Apt. #, Etc.

City

Gainesville, Fl.

State
FL

Zip Code

32653

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

Arthur Burrichter

REGISTERED AGENT MUST SIGN

Date Feb. 20, 2002

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

Pres.	Arthur W. Burrichter	5807 N.W. 54 th Way	Gainesville Fl. 32653
Sec'y	Verne M. Burrichter	5807 N.W. 54 th Way	Gainesville Fl. 32653

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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:

Verne M. Burrichter, V. Pres. Feb 20 2002 352-374-4855
Sec'y

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)