

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

FILED

02 NOV -1 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 483214

1. Corporation Name

BEE BEE STABLES OF PALM BEACH, INC.

Principal Place of Business

855 LAKESIDE DRIVE
NORTH PALM BEACH FL 33408

Mailing Address

855 LAKESIDE DRIVE
NORTH PALM BEACH FL 33408

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable
2801 Exchange Court

Suite, Apt. #, etc.

City & State
West Palm Beach, FL

Zip

33409

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/21/1975

5. FEI Number

59-1618666

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTSD	BUSH, JOHN W.	855 LAKESIDE DR.	NORTH PALM BEACH FL

500008765375
11/01/02--01104--007 **150.00

8. Name and Address of Current Registered Agent

BUSH, JOHN W.
855 LAKESIDE DRIVE
NORTH PALM BEACH FL 33408

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 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:

SIGNATURE REQUIRED
John W. Bush

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-30-02- 627-3719

Cochrane & Co.

Certified Public Accountants

2801 Exchange Court
West Palm Beach, FL 33409

October 31, 2002

Telephone (561) 684-9566
Fax (561) 687-3528

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Bee Bee Stables of Palm Beach, Inc.
Doc. #483214
2002 Annual Report

Gentlemen:

Enclosed is a check from Bee Bee Stables of Palm Beach, Inc. in the amount of \$150.00 in payment of their 2002 Corporate Annual Report.

We are the accountants for Mr. John W. Bush, President, of Bee Bee Stables of Palm Beach, Inc. Mr. Bush has been a client of ours for many, many years and has always renewed his annual report on time. Mr. Bush is quite elderly and was hospitalized earlier this year and had surgery. Mr. Bush does not remember receiving the first notice of the report being due nor any subsequent notices. We would like to ask that you accept this check for renewal of the annual report, abate any penalties and please reinstate the corporation.

We have changed the mailing address to our office so that the renewal of the annual report will be done in a timely manner from this date forward.

Thank you for your consideration in this matter.

Yours truly,

COCHRANE & CO., P.A.



Thomas E. Cochrane, Jr., C.P.A.

TECjr/dj
Enclosures