PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 SEP 27 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 575524

1. Corporation Name

B AND B LINES, INC.

1996 ANNUAL REPORT

Principal Place of Business
STATE HIGHWAY 30A
CARRABELLE FL 32322

Mailing Address
STATE HIGHWAY 30A
CARRABELLE FL 32322

Please Add

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
P.O. Box 114
Suite, Apt. #, etc.
CARRABELLE, FL
City & State
32322
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/13/1978

5. FEI Number: 59-1842543 | 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	BRAGDON, ALVA L	STATE HWY 30-A	CARRABELLE FL
VST	BRAGDON, PATRICIA	TATE HWY 30-A	CARRABELLE FL
ST	BRAGDON, PATRICIA	STATE HWY 30-A	CARRABELLE FL

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-10/15/96--01091--013
****200.00 ****200.00

8. Name and Address of Current Registered Agent

BRAGDON, ALVA L
STATE HIGHWAY 30-A
CARRABELLE FL 32322

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

CR2E040 (7/96)

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: Patricia Ann Bragdon Alva L Bragdon
REGISTERED AGENT MUST SIGN
Date: 9/22/96

11. 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.)

12. 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: Patricia Ann Bragdon, Vice President 9/22/96 904-697-3503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #