

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **607023**

1. Corporation Name

BOBBY LYONS ENTERPRISES, INC.

Principal Place of Business

829 W THARPE ST
TALLAHASSEE FL 32303

Mailing Address

829 W THARPE ST
TALLAHASSEE FL 32303

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

Suite, Apt. #, etc.

City & State

Zip

Country

870 BLOUNTSTOWN HWY 4B

TALLAHASSEE, FL

32304

LEON

4. Date Incorporated or Qualified
To Do Business in Florida

01/17/1979

5. FEI Number

59-1876136

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



800025235898

12/04/03--01034--025 **150.00

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	LYONS, ROBERT D	2302 RYAN PL	TALLAHASSEE FL 32308
V	LYONS, DAVID M	1729 AUGUSTINE PL	TALLAHASSEE FL 32301

8. Name and Address of Current Registered Agent

LYONS, ROBERT D
2302 RYAN PLACE
TALLAHASSEE FL FL 32308

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]

REGISTERED AGENT MUST SIGN

Date

10/17/03

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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/03
Date

850-251-0232
Daytime Phone #

CR2E040 (7/03)

October 17, 2003

TO:DIVISIONS OF CORPORATIONS

FROM:BOBBY LYONS CORPORATIONS INC.

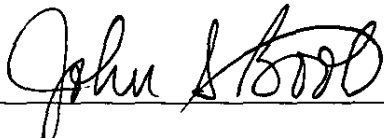
AS PER OUR CONVERSATION ON 10-16-03 WE HAD NOT RECEIVED A
CORRESPONDENCE LETTER UNTIL YESTERDAY ON 10-16-03. I RETURNED
YOUR CALL AS SOON AS RECEIVED THE LETTER.

THANK YOU,



ROBERT D. LYONS

WITNESSED ON 10-17-03 BY JOHN S. BOOTH





John S. Booth
MY COMMISSION # DD193939 EXPIRES
March 17, 2007
BONDED THRU TROY FAIN INSURANCE, INC.