


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 17 AM 11:37

DOCUMENT # **839302**

1. Corporation Name

**BODDY SHOPPE OF THE SOUTH CORPORATION**

Principal Place of Business

Mailing Address

7815 N DALE MABRY HWY  
TAMPA FL 33614

7815 N DALE MABRY HWY  
TAMPA FL 33614



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>10/13/1977</b>	
Suite, Apt. #, etc. <b>#102</b>		Suite, Apt. #, etc. <b>#102</b>		5. FEI Number <b>59-1763750</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ROSEN, ALAN	9701 VAN ST	TAMPA FL 33615
V	ROSEN, BRUCE	8210 DRYCREEK DR	TAMPA FL 33615

800004658228--6  
-10/30/01--01005--018  
\*\*\*\*150.00 \*\*\*\*150.00

*[Signature]* 10/15/01

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROSEN, ALAN  
9701 VAN ST  
TAMPA FL 33615

Name **Bruce Rosen**  
Street Address (P.O. Box Number is Not Acceptable)  
**8210 Drycreek Drive**  
Suite, Apt. #, Etc.  
City **Tampa** State **FL** Zip Code **33615**

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

**10/15/01**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR..

Date

Daytime Phone #

**10/15/01**

CR2E040 (8/01)

***Boddy Shoppe of the South Corporation  
7815 N. Dale Mabry Hwy., Suite 102  
Tampa, FL 33614  
(813) 931-8802***

October 15, 2001

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

To Whom It May Concern:

Please note that I did not receive my Annual Business Reporting form. We have been in business for almost 25 years. I did notice that the mailing address is incorrect, as it does not have my suite number of 102.

I have made the postman aware that I have not been receiving all my mail and he has been more considerate to this and questions any mail he may think is for my business. Therefore, I did receive the reinstatement.

Please accept my check enclosed for \$150.00 to reinstate my corporation. In advance, I thank you for your prompt attention to this ever so important matter.

Regards,

A handwritten signature in black ink, appearing to read 'Bruce Rosen', with a stylized flourish at the end.

Bruce Rosen  
Vice-president

BR/jrq  
Enclosures