

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/22

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 DEC 22 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F04000000815**

1. Corporation Name

**BBS Press Service, Incorporated**

2. Principal Office Address

**10915 Bonita Beach Rd**

3. Mailing Office Address

**10915 Bonita Beach Rd**

Suite, Apt. #, etc.

**1122**

Suite, Apt. #, etc.

**1122**

City & State

**Bonita Springs, FL**

City & State

**Bonita Springs, FL**

Zip

**34135**

Country

Zip

**34135**

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**02/13/04**

5. FEI Number

**48-1021290**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

**7. Name and Address of Current Registered Agent**

Name

**Alan Bechtold**

Street Address (P.O. Box Numbers Not Acceptable)

**10915 Bonita Beach Rd**

Suite, Apt. #, Etc.

**1122**

City

**Bonita Springs**

State

**FL**

Zip Code

**34135**

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

Date

**12/20/04**

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Alan Bechtold	10915 Bonita Beach Rd, Suite 1122	Bonita Springs, FL 34135
Sec	Alan Bechtold	10915 Bonita Beach Rd, Suite 1122	Bonita Springs, FL 34135
Treas	Alan Bechtold	10915 Bonita Beach Rd, Suite 1122	Bonita Springs, FL 34135

000082735590  
12/22/05--01026--012 \*\*300.00

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 contained in Chapter 119, 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

**12/20/04**

Daytime Phone #

**239-992-0397**

G. Michael DEC 22 2006

2082

**BBS Press Service, Incorporated  
10915 Bonita Beach Rd  
Bonita Springs, FL 34135**

December 19, 2006

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed is a reinstatement form for our company with a check for \$300.00. I am requesting that you waive the \$600.00 reinstatement fee due to the fact that I never received the notices regarding filing the annual reports. I have called and verified that your office did indeed receive this mailings returned by the post office. This reinstatement form does include the new address for the company. Please let me know if you have any questions regarding this letter.

Sincerely,



Alan Bechtold, President