

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG 31 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000004853**

1. Corporation Name

R. BOHN, INC.

REINSTATEMENT 96-05

2. Principal Office Address

6820 SOMBRAS WAY

3. Mailing Office Address

P.O. BOX 134

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAND O' LAKES, FL.

City & State

ALTOONA, PA.

Zip

34639

Country

USA

Zip

16603

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10-16-95

5. FEI Number

251555729

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HAROLD HAWLEY

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

6625 ACEBO CT.

Suite, Apt. #, Etc.

City

LAND O' LAKES, FL.

State

FL

Zip Code

34639

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08/30/05--01002--006 **2108.75

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

Harold Hawley

Date **8-25-05**

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	RODNEY C. BOHN	6820 SOMBRAS WAY	LAND O LAKES, FL. 34639
VPS	DEBORAH A. BOHN	6820 SOMBRAS WAY	LAND O LAKES, FL. 34639

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 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:

Harold Hawley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-25-05 (813) 389-0670

Date

Daytime Phone #

CR2E081 (01/05)