

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 26 PH 2:18

DOCUMENT # **F98000000601**

1. Corporation Name

BMAR & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

P.O. BOX 688
HOPKINSVILLE KY 42241-0688

P.O. BOX 688
HOPKINSVILLE KY 42241-0688

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

02/03/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

61-1198480

Applicable For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCD	HAMBY, TERRY W	2935 C FT. CAMPBELL BLVD.	HOPKINSVILLE KY 42241
VSD	HAMBY, JUDITH K	2935 C FT. CAMPBELL BLVD.	HOPKINSVILLE KY 42241
M	PELLUM, REGINALD	2935 C FT. CAMPBELL BLVD.	HOPKINSVILLE KY 42241

100004658031--1
10/23/01 01093 016
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

Susan J. Moize

Assistant Secretary

Signature of
Registered Agent

SIGNATURE REQUIRED

Date **Oct. 25, 2001**

REGISTERED AGENT MUST SIGN

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/01 270 885 4642

Date

Daytime Phone #

CR2040 (8/01)