


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED

00 DEC -5 AM 9:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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-12/19/00--01057--009

****758.75 ****758.75

DOCUMENT # **FP000002925**
1. Corporation Name
Back to Back, Incorporated

2. Principal Office Address 8166 Navarre Pkwy Suite, Apt. #, etc.	3. Mailing Office Address P.O. Box 5158 Suite, Apt. #, etc.
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City & State Navarre, FL.	City & State Navarre, FL.
Zip 32566	Country Santa Rosa
Zip 32566	Country Santa Rosa

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 6-7-99	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. FEI Number 59-3535062		
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Ronald Gugliotta
Street Address (P.O. Box Number is Not Acceptable) 8166 Navarre Parkway
Suite, Apt. #, Etc.
City Navarre
State FL
Zip Code 32566

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

REGISTERED AGENT MUST SIGN

Date

11/30/00

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	Ronald Gugliotta	8166 Navarre Pkwy Navarre, FL. 32566	
V	Ginger Gugliotta	8166 Navarre Pkwy	Navarre, FL. 32566

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/30/00

KE
850-939-5018

CR2E081 (9/99)