

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUL 17 AM 8:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G59699**

1. Corporation Name

**BOVICK ENTERPRISES, INC.**

Principal Place of Business

2195 SE 38TH ST  
OCALA FL 34480  
US

Mailing Address

2195 SE 38TH ST  
OCALA FL 34480  
US

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

09/15/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2348155

Applied 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
PD	TIPSWORD, ROBERT	2195 S E 38TH STREET	OCALA FL 34480
VS	TIPSWORD, VICKI L	2195 S E 38TH STREET	OCALA FL 34480

600021628446  
07/17/03--01065--010 \*\*8.75  
600021628446  
07/17/03--01065--011 \*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TIPSWORD, VICKI L  
2195 SE 38TH ST  
OCALA FL 34480

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
VICKI L TIPSWORD  
REGISTERED AGENT MUST SIGN

Date

7/16/03

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]*  
VICKI L TIPSWORD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/16/03 352-427-2483

Daytime Phone #

CR2E040 (8/02)