

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 NOV 26 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **Gnm475**

1. Corporation Name

Bothwell Enterprises, Inc.

2. Principal Office Address

1903 Hunter Lane

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 263454

Suite, Apt. #, etc.

City & State

Brandon, FL

City & State

Tampa, FL

Zip

33510

Country

Hillsborough

Zip

33685

Country

Hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida

1986

5. FEI Number

59-255-3057

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

Linda Bothwell

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

1687 Palm Leaf Dr.

Suite, Apt. #, Etc.

City

Brandon,

State

FL

Zip Code

33510

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

Linda Bothwell

Date

11-24-02

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
Pres	Craig Bothwell	1903 Hunter Lane	Brandon, FL 33510
Sec/ Treas	Linda Bothwell	1687 Palm Leaf Dr.	Brandon, FL 33510

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:

Linda Bothwell

Linda L. Bothwell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-24-2002

Daytime Phone #

813-

661-0474

CR2E081 (9/01)