

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JAN -7 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

H 45105

1. Corporation Name

BUNDLES I, INC.

2. Principal Office Address

5415 38 AVE. WEST

3. Mailing Office Address

5415 38 AVE. WEST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON, FL

City & State

BRADENTON, FL

Zip

34209

Country

MANATEE

Zip

34209

Country

MANATEE

**4. Date Incorporated or Qualified
To Do Business in Florida**

2-18-85

5. FEI Number

59-2561983

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 RAWLINS

900004792389-2

-01/23/02--01078--011

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

3014 15 AVE. WEST

***2108.75 ***2108.75

Suite, Apt. #, Etc.

BRADENTON

City

BRADENTON

State

FL

Zip Code

34205

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 Rawlin

Date 1-3-02

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	LINDA RAWLINS	3014 15 AVE. W. BRAD., FL. 34205	BRADENTON, FL. 34205
V. PRES	MICHAEL ROGERS	4820 33 ST. WEST	BRADENTON FL 34207

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 Rawlin

LINDA RAWLINS

Date

1-3-02

Daytime Phone #

941 792 3678