

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J 38499

1. Corporation Name

Bullseye Enterprises, Inc

2. Principal Office Address

4204 South Florida Ave

Suite, Apt. #, etc.

J+K

City & State

Lakeland, FL

Zip

33813

Country

USA

3. Mailing Office Address

2600 Harden Blvd

Suite, Apt. #, etc.

#238

City & State

Lakeland, FL

Zip

33803

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

Oct, 1986

5. FEI Number

59-2726988

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

**7. Name and Address of Current Registered Agent**

Name

Theodore A. Rasmisel

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

2600 Harden Blvd

Suite, Apt. #, Etc.

#238

City

Lakeland

State

FL

Zip Code

33803

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

Theodore A. Rasmisel

REGISTERED AGENT MUST SIGN

Date

04-05-06

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	Theodore A. Rasmisel	2600 Harden Blvd #238	Lakeland, FL 33803

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 contained in Chapter 119, 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:

Theodore A. Rasmisel

Theodore A. Rasmisel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-5-06 863-698-1246

Daytime Phone #

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Bullseye Enterprises, Inc.  
4204 South Florida Avenue  
Suite J & K  
Lakeland, Florida 33813

April 04, 2006

I am writing to request that the re instatement fees be waived as I never received the annual reports or notices regarding this matter.

I have enclosed as instructed by a representative from your office a check in the amount of \$ 450.00 for the years 2004, 2005 and 2006.

Your immediate attention to this notice would be greatly appreciated.

Respectfully submitted,

*Theodore A. Rusmiser*

Theodore A. Rusmiser  
Registered agent

Enclosure