

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	FILED 97 FEB 17 PM 2: 15 SECRETARY OF STATE TALLAHASSEE, FLORIDA SH 2/17
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DOCUMENT # **K53961**

1. Corporation Name
F & B ENTERPRISES, INC.

1994 - 1997

Mailing Address MICHAEL G. SASSO 1919 ALOMA AVENUE WINTER PARK FL 32782	Principal Place of Business MICHAEL G. SASSO 1919 ALOMA AVENUE WINTER PARK FL 32782
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable 1018 Sligh Blvd. Suite, Apt. #, etc.	3. New Principal Office Address, If Applicable 1018 Sligh Blvd. Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 12/28/1988
City & State Orlando, Florida	City & State Orlando, Florida	5. FEI Number 65-0090619
Zip 32806	Zip 32806	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.75 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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	Betty Bruinsma	915 S. Orange Ave.	Orlando, FL 32806
D	BRUINSMA, FRANK	915 S. ORANGE AVE.	ORLANDO FL 32806
			300002090583-9 -02/18/97--01059--001 ****165.00 ****165.00
			300002090583--9 -02/18/97--01059--002 ****775.00 ****775.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRUINSMA, BETTY
915 S. ORANGE AVE.
ORLANDO FL 32806

Name **William F. Poole, IV**
 Street Address (P.O. Box Number is Not Acceptable)
POOLE & CLEMENTS, P.A.
 Suite, Apt. #, Etc.
644 West Colonial Drive
 City
ORLANDO State **FL** Zip Code **32804**

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.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

2/10/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

FRANK BRUINSMA 12/29/95 407-648-8333