

**APPLICATION
FOR
REINSTATEMENT**



Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATION

DOCUMENT # M12504

BILLABONG, INC.

4615 GULF BLVD
ST PETERS BEACH FL 33706

6830 CENTRAL AVE

SUITE B

ST PETERSBURG, FL

Zip 33707

Country
USA

P.O. BOX 469

City & State

ST PETERSBURG FL

Zip 33731

Country USA

3/12/1985

59-2505789

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	JUANNE L. CHANDLER	ONE BEACH DR SE #1905	ST PETERSBURG FL 33701
VP	JUANNE L. CHANDLER	ONE BEACH DR SE #1905	ST. PETERSBURG FL 33701
ST	JUANNE L. CHANDLER	ONE BEACH DR SE #1905	ST PETERSBURG FL 33701
			100002171671--6 -05/08/97-01111-009 ****915.00 ****915.00
			5-7-97

GLORIA J. CHANDLER
4615 GULF BLVD.
ST PETERS BEACH FL 33706

MARTIN S. JONES

16830 CENTRAL AVE.

SUITE B

ST PETERSBURG

FL

Zip Code
33707

Signature of _____
Registered Agent

Martin S. Long

REGISTERED AGENT MUST SIGN

Date 4/30/97

11. 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.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TYPED OR PRINTED NAME OF SIGNING OFFICER OR D
 JUANNE L. CHANDLER

4/30/97
Date

813.384-9001
Daytime Phone #