

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC 14 PM 1:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

M95795

1. Corporation Name

BIANGULINA, INC

2. Principal Office Address

7 OLD KINGS ROAD N.

Suite, Apt. #, etc.

SUITE 36

City & State

PALM COAST, FL

Zip

Country

32137

FLAGLER

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/1/89

5. FEI Number

59-2950775

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required  
for a Certificate of Status

200003581462--1

-01/26/01--01075--006

\*\*\*\*150.00 \*\*\*\*150.00

7. Name and Address of Current Registered Agent

Name

BENJAMIN SAVY T.

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

2824 N. OCEANSHORE BLVD

Suite, Apt. #, Etc.

City

BEVERLY BEACH

State  
FL

Zip Code

32136

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 12/13/00

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	ROSEMARIE LABUE	1135 ATHAZONE WAY	ORMOND BEACH, FL 32174

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROSEMARIE LABUE

Date

12/13/00

Daytime Phone #

904-446-1003

CR2ED01 (9/99)

**BIANGULINA INC.**  
**PINCH-A-PENNY POOL & PATIO**

2292  
7 Old Kings Rd. No.  
Suite #36  
Palm Coast Fl. 32137

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Phone (904)446-1003  
Fax (904)445-0298

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN;

I WAS RECENTLY CONTACTED BY MY ACCOUNTANT WHO ADVISED ME THAT OUR CORPORATION ANNUAL FEE HAD NOT BEEN PAID FOR THIS YEAR. IN CHECKING, I FOUND THAT THE ANNUAL FORM WAS SENT TO AN OLD ADDRESS (10 CLARIDGE CT. SO. PALM COAST) AND WAS NEVER FORWARDED ON TO US AND WAS NOT PICKED UP UNTIL NOW.

I AM ENCLOSING A CHECK FOR THE ANNUAL FEE OF \$150.00 AND HOPE TO BE REINSTATED. THIS IS THE FIRST TIME IN 11 YEARS OF BUSINESS THIS HAS EVER HAPPENED...

SINCERELY,

  
ROSEMARIE LA BUE  
PRESIDENT