

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR 17 AM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000001158

1. Corporation Name

THE FOUR B'S, INC.

[Handwritten Signature]

2. Principal Office Address

2299 HERITAGE DRIVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TITUSVILLE, FLORIDA

City & State

Zip

32780

Country

USA

Zip

Country

REINSTATEMENT 02-03

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

2/16/2001

5. FEI Number

59-3702835

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

SUSAN CANADA

500014103365

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

2299 HERITAGE DRIVE

03/17/03--01005--003 **297.50

Suite, Apt. #, Etc.

City

TITUSVILLE

State
FL

Zip Code
32780

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**

Susan J. Canada

Date 03/10/2003

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
D,P	SUSAN JO CANADA	2299 HERITAGE DRIVE	TITUSVILLE, FLORIDA 32780
D, VP	PAUL SYPIEN	3265 GREENBRIAR CT	TITUSVILLE, FLORIDA 32780
D, ST	JENNIFER SYPIEN	3265 GREENBRIAR CT	TITUSVILLE, FLORIDA 32780
D	JEAN DELL	2299 HERITAGE DRIVE	TITUSVILLE, FLORIDA 32780

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:

Susan J. Canada

SUSAN CANADA, PRES

03/10/2003 (321) 267-6659

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)