

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB 24 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 103000002358

1. Corporation Name

Quincy Fighting T&R Boxing Gym LLC.

800144320018
02/25/09--01001--002 **367.50

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

2138 S. Atlanta ST

Suite, Apt. #, etc.

3. Mailing Office Address

2138 S Atlanta ST

Suite, Apt. #, etc.

City & State

Quincy FL

Zip

32351

Country

USA

City & State

Quincy FL

Zip

32351

Country

USA

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

5. FEI Number

26-0062121

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

Richard Burns

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

2138 S Atlanta ST

Suite, Apt. #, Etc.

City

Quincy

State

FL

Zip Code

32351

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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]

Date

2-24-09

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
Owner	Burns, Richard Allen	2138 S. Atlanta ST	Quincy FL, 32351
	2138 S. Atlanta ST		
Director	Mary Ella Burns	2138 S. Atlanta ST	Quincy FL, 32351
Director	Christopher Burns	2138 S. Atlanta ST	Quincy FL, 32351

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:

[Signature] Richard Burns

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-24-09 (850) 875-3331

Daytime Phone #