

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 16 PM 12:27

DOCUMENT # N 05000011771

1. Corporation Name

South Florida Mini Bulls, Corp.

700123765567  
04/16/08--01019--019 \*\*236.25

CR2E081 (12/07)

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

15308 LAKE MAGDALENE

Suite, Apt. #, etc.

BLVD.

City & State

Tampa FL

Zip

33618

Country

USA

3. Mailing Office Address

15308 LAKE MAGDALENE

Suite, Apt. #, etc.

BLVD

City & State

Tampa, FL

Zip

33618

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

20-3987046

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

Cliff D Litchfield

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

15308 Lake Magdalene Blvd

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33618

☐ 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

Date 4-15-08

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
P,TR	Cliff D Litchfield	15308 LAKE MAGDALENE BLVD	Tampa, FL 33618

B 4/17/08

REINSTATEMENT 06-08

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-15-08

Daytime Phone #