

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 DEC -6 AM 10:00

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 700000000849

**1. Corporation Name**

B & B Industries, Inc.

**REINSTATEMENT** 04

**2. Principal Office Address**

1310 S Volusia Avenue

Suite, Apt. #, etc.

City & State

Orange City, FL

Zip

32763

Country

USA

**3. Mailing Office Address**

1310 S Volusia Avenue

Suite, Apt. #, etc.

City & State

Orange City, FL

Zip

32763

Country

USA

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

01/01/2000

**5. FEI Number**

59-3619472

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

GARY E. BORCK

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

1133 Ocean Shore Blvd. Unit 701

Suite, Apt. #, Etc.

City

Ormond Beach

State

FL

Zip Code

32176

**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

GARY E. BORCK

REGISTERED AGENT MUST SIGN

Date

11/30/04

**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	Borck, Gary E.	1133 Ocean Shore Blvd #701	Ormond Beach, FL 32176
VST	Borck, Debra D.	1133 Ocean Shore Blvd #701	Ormond Beach, FL 32176

000043214770

12/06/04--01053--023 \*\*750.00

**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:

GARY E. BORCK

Gary E. Borck, President

10/25/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (01/04)