

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01-02 UBR

FILED

02 FEB 27 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000035502

1. Corporation Name

ALL COUNTY BOBCAT, INC.

Principal Place of Business

Mailing Address

16294 134TH TERR. NORTH
JUPITER FL 33478

16294 134TH TERR. NORTH
JUPITER FL 33478



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/03/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0997647

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MIGNONE, ROBERTO V	16294 134TH TERR. NORTH	JUPITER FL 33478
STD	MIGNONE, CHERYLE S	16294 134TH TERR. NORTH	JUPITER FL 33478

8000005183548--8
-04/02/02--01058--006
****300.00 ****300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MIGNONE, ROBERTO V
16294 134TH TERR. NORTH
JUPITER FL 33478

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Robert V. Mignone
REGISTERED AGENT MUST SIGN

Date 12-17-01

11. 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 of Robert V. Mignone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-1701 (561) 261-870

To whom it may concern,

Our company is All County Bobcat and I recieved the notice of dissolution. The corporate annual filing fee that is do I never recieved the paper work for it. I got all upset and called our accountant because we just started this buisness 1 year ago and I don't know much about running a buisness. Please verify the address you have on file for our buisness. I never recieved any paper work from the state of Florida except my license for nails, until Friday we recieved this notice. We have three small children and alot of bills this is our life. Would you accept the \$150.00 for the filing fee since I never recieved the paper work. Thank you,

Cheryle Mignone

If you have any questions please call (561) 748-4747

P00000035502