

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000035502**

1. Corporation Name

ALL COUNTY BOBCAT, INC.

2. Principal Office Address

16294 134th TERR. N.

Suite, Apt. #, etc.

City & State

JUPITER, FL

Zip **33478**

Country

PALM BEACH

3. Mailing Office Address:

16294 134th TERR. N.

Suite, Apt. #, etc.

City & State

JUPITER, FL

Zip

33478

Country

PALM BEACH

REINSTATEMENT

03-04

100028435621

02/09/04--01058--003 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

4-03-00

5. FEI Number

650997647

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

ROBERTO MIGNONE

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

16294 134th TERR. N.

Suite, Apt. #, Etc.

City

JUPITER

State

FL

Zip Code

33478

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

Roberto Mignone

REGISTERED AGENT MUST SIGN

Date

2-3-04

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	ROBERTO MIGNONE	16294 134th TERR. N.	JUPITER, FL. 33478
S/T	CHERYLE MIGNONE	16294 134th TERR. N.	JUPITER, FL. 33478

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:

Roberto Mignone

ROBERT MIGNONE

2-3-04 (772) 201-8707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)