

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

CORPORATION



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

FILED

02 JAN -7 PM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 000000046884

1. Corporation Name

BGUS, INC.

2. Principal Office Address

6742 Lemon Tree Drive

Suite, Apt. #, etc.

City & State

Lakeland, Florida

Zip 33813

Country USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

5/8/2000

5. FEI Number

65-1013093

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

2001-2002 UBR

7. Name and Address of Current Registered Agent

Name

AARON J. GOLD-GOLD, RESNICK & FICARROTTA, P.A.

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

704 West Bay Street

Suite, Apt. #, Etc.

City

Tampa,

State
FL

Zip Code
33606

000004916740--6
-02/13/02--01069--006
***150.00 ***150.00
000004916740--6
-02/13/02--01069--007
***150.00 ***150.00

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

REGISTERED AGENT MUST SIGN

Date 12/16/01

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
D	JAMES H. BROWN	6742 Lemon Tree Drive	Lakeland, FL 33813
D	BETTY BROWN	6742 Lemon Tree Drive	Lakeland, FL 33813

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.

JAMES H. BROWN, Director

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/01

Date

863-287-1672

Daytime Phone #

CR25081 (8/00)

Page 2572

December 4, 2001

Department of State
Division of Corporations
Reinstatement Department
P.O. Box 6327
Tallahassee, Florida 32314

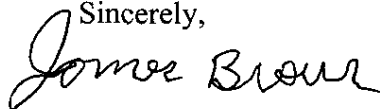
RE: BGUS, INC.

Dear Examiner:

Enclosed please find the reinstatement application for the above mentioned corporation. We did not receive the Uniform Business Report for filing and thus the corporation was administratively dissolved on September 21, 2001.

Please update your records to reflect that the registered agent and mailing address has changed. Also enclosed is a check in the amount of \$150.00 to cover filing fees. Thank you for your attention to this matter.

Sincerely,



James H. Brown
Director