

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 OCT 15 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000065009

1. Corporation Name

BULLET-INS.COM, INC.

Principal Place of Business

1039 INVERNESS AVENUE
MELBOURNE FL 32940

Mailing Address

1039 INVERNESS AVENUE
MELBOURNE FL 32940



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

REINSTATEMENT

2051

2. New Principal Office Address, If Applicable

201 Plantation Club Dr.

Suite, Apt. #, etc.

Suite 112

City & State

Melbourne, FL

Zip

32940

Country

USA

3. New Mailing Office Address, If Applicable

P.O. Box 410363

Suite, Apt. #, etc.

City & State

Melbourne, FL

Zip

32940

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/03/2000

5. FEI Number

59-3656715

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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
D	MCCAHILL, THOMAS J	1039 INVERNESS AVENUE	MELBOURNE FL 32940
D	MCCAHILL, BRYAN A	1039 INVERNESS AVENUE	MELBOURNE FL 32940

400004649414--8
-10/23/01--01030--005
****750.00 ****750.00
LS

8. Name and Address of Current Registered Agent

MCCAHILL, FRANCIS X JR.
1039 INVERNESS AVENUE
MELBOURNE FL 32940

9. Name and Address of New Registered Agent

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

Francis X McCall Jr.

REGISTERED AGENT MUST SIGN

Date

10/12/01

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:

Bryan A. McCall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 12, 2001 321-751-1772

Date

Daytime Phone #

CR2E040 (8/01)