

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL 25 PM 2:41

SECRET
FALL 2005

DOCUMENT # 00000076983

1. Corporation Name

BOLD DISTRIBUTION INC.

2. Principal Office Address

1122 SE 12TH CT

3. Mailing Office Address

1122 SE 12TH CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL

City & State

CAPE CORAL

Zip

33990

Country

USA

Zip

33990

Country

USA

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

8.15.2000

5. FEI Number

651035378

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

JOHN M BECHDEL II

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

1117 FLORIDIAN CT

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33904

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 7.21.05

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
PRES	JOHN M BECHDEL II	1117 FLORIDIAN CT	CAPE CORAL, FL 33904
VP	ADAM W BECHDEL	11350 LONGWATER CHASE CT	FORT MYERS, FL 33908
ST	CURT BECHDEL	11350 LONGWATER CHASE CT	FORT MYERS, FL 33908

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)