

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000083448

1. Corporation Name

BOBCAT TRAINING AND CONSULTING, INC.

Principal Place of Business

9775 WYNTREE LANE
TALLAHASSEE FL 32311

Mailing Address

9775 WYNTREE LANE
TALLAHASSEE FL 32311

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/30/2000

5. FEI Number

59-3668886

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)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

PCEO

STEWART, ROBERT L

9775 WYNTREE LANE

TALLAHASSEE FL 32317

VPS

STEWART, CHERYL A

9775 WYNTREE LANE

TALLAHASSEE FL 32317

02 UBC 178

500008840285
11/06/02--01142--003 **150.00

8. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E PARK AVE.
TALLAHASSEE FL 32301

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/29/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-29-02 850-656-7644

CR2E040 (8/02)



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Florida Department of State
Division of Corporations

Request for Waiver

I am requesting a waiver of the reinstatement fee. I have no record of receipt of either of the two prior uniform business report notices.

I travel quite a bit and they may have been misplaced during one of my absences. I understand the necessity for filing the report and did so in 2001.

I have enclosed the filing fee and the application for reinstatement.

Robert L. Stewart