

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000099688

1. Corporation Name

BUTT'S & BONE'S BBQ, INC.

Principal Place of Business

803 N BAY ST  
EUSTIS FL 32727

Mailing Address

P.O. BOX 530  
EUSTIS FL 32727

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

2. New Principal Office Address, If Applicable

803 N. Bay St

Suite, Apt. #, etc.  
EUSTIS FL

City & State

32726

Zip

Country

LAKE

3. New Mailing Office Address, If Applicable

P.O. Box 530

Suite, Apt. #, etc.

EUSTIS FL

City & State

Zip

32727

Country

LAKE

4. Date Incorporated or Qualified  
To Do Business in Florida

10/23/2000

5. FEI Number

59-3691807

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	BOMBENGER, MARTY	2060 S BAY ST	EUSTIS FL 32726
			100004911301--1 -02/12/02--01030--006 ****150.00 ****150.00
			100004911301--1 -02/12/02--01030--007 ****608.75 ****608.75

8. Name and Address of Current Registered Agent

BOMBENGER, MARTY  
2060 S BAY ST  
EUSTIS FL 32726

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

*M. Bomberger*

Date 11/28/01

REGISTERED AGENT MUST SIGN

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:

*M. Bomberger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)