

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000107289

1. Corporation Name

BUBBLES OF LIFE, INC.

Principal Place of Business

16311 ALDERMAN TURNER RD.  
WIMAUMA FL 33598

Mailing Address

16311 ALDERMAN TURNER RD.  
WIMAUMA FL 33598

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/15/2000

5. FEI Number

59-3686554

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	CREECH, TRACY L	16311 ALDERMAN TURNER RD.	WIMAUMA FL 33598
D	CREECH, NANCY L	16311 ALDERMAN TURNER RD.	WIMAUMA FL 33598

600004649606--7

-10/23/01--01033--014

\*\*\*\*150.00 \*\*\*\*150.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CREECH, TRACY L  
16311 ALDERMAN TURNER RD.  
WIMAUMA FL 33598

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10-11-01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/01

Date

813-633-6688

Daytime Phone #

FILED

01 OCT 15 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1072

CR2E040 (8/01)

2012

**TRACY L. CREECH**  
16311 Alderman Turner Rd.  
Wimauma, FL. 33598  
(813) 633-6688  
Fax (813) 633-6698

sales@bubblesoflife.com

October 12, 2001

To whom it may concern,

I am sending this letter because I received a statement from you saying my business corporation has been dissolved. I do not fully understand because I never received any notification or notices for the year 2001. I would greatly appreciate it if you would consider waving the late fee and reinstate my corporation. I have enclosed a check for 150.00. Thank you very much, and I will closely monitor this next years reports.

Sincerely,

  
Tracy L. Creech  
President