

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000107289

1. Corporation Name

BUBBLES OF LIFE, INC.

Principal Place of Business

Mailing Address

16311 ALDERMAN TURNER RD.  
WIMAUMA, FL 33598

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

59-3686556

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/P	CREECH, TRACY L	16311 ALDERMAN TURNER RD.	WIMAUMA FL 33598
D/S	CREECH, NANCY L	16311 ALDERMAN TURNER RD.	WIMAUMA FL 33598
T	Teresa m. Creech	16311 Alderman Turner Rd.	Wimauma, FL 33598
			400029898184 03/04/04--01058--012 **100.00
			400029898184 05/07/04--01090--010 **200.00

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

Teresa Creech

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

16311 Alderman Turner Rd.

Suite, Apt. #, Etc.

City

Wimauma

State

FL

Zip Code

33598

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 10-24-03

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-24-03

FILED

04 JUL -1 AM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 03-04

CR2E040 (7/03)

PJ 2-8-2

BUBBLES OF LIFE, INC.

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16311 ALDERMAN TURNER RD.  
WIMAUMA, FLORIDA 33598  
813.633.6688  
1.866.473.FISH  
reseller@bubblesoflife.com


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March 2, 2004

To Whom it may concern,

Upon receiving a late notification late fall of 2003, we were informed of being past due on paying our Corporations fees. We had never received anything concerning reinstatement fees, or any type of fee at all. We called and spoke to a representative and explained our situation. He informed us that there were many companies that had never received one as well. In being a fairly new business and never previously having received a notification, we were not aware of such a fee. We were told to send our \$100.00 and everything would be taken care of. Sorry this is late, our business is closed from Dec.- Feb.

Sincerely,

  
Tracy L. Creech  
President