

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000007688

1. Corporation Name

The Billups Group, Inc

2. Principal Office Address - No P.O. Box #

12383 Summerwood Drive

Suite, Apt. #, etc.

City & State

Fort Myers, Florida

Zip

33908

Country

USA

3. Mailing Office Address

12383 Summerwood Drive

Suite, Apt. #, etc.

City & State

Fort Myers, Florida

Zip

33908

Country

USA

7. Name and Address of Current Registered Agent

Name

Reginald D. Billups

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

12383 Summerwood Drive

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33908

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 **March 25, 2010**

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
Director	Reginald D. Billups	12383 Summerwood Drive	Fort Myers, FL, 33908

10. E-mail Address: reg.billups@gmail.com

(To be used for future annual report notification)

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, I further certify 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:

Reginald D. Billups

March 25, 2010 239-433-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 APR -6 AM 7:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200174853412

04/07/10--01029--001 **1950.00

REINSTATEMENT

02-10

4. Date Incorporated or Qualified

To Do Business in Florida **01/19/2001**

5. FEI Number

65-1070528

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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