

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 FEB 21 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000038568

1. Corporation Name

CHARLES BOUGHER, JR, INC.

Principal Place of Business

3740 NE LINDA DR
JENSEN BCH FL 34957

Mailing Address

3740 NE LINDA DR
JENSEN BCH FL 34957

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

04/13/2001

5. FEI Number

65-1043121

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
DP	BOUGHER, CHARLES JR	3740 NE LINDA DR	JENSEN BCH FL 34957

800012964848
02/21/03 01077-022 #308.75

8. Name and Address of Current Registered Agent

BOUGHER, CHARLES JR
3740 NE LINDA DR
JENSEN BCH FL 34957

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

2/14/03

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/14/03 172-225-9855

Daytime Phone #

CR2ED40 (8/02)

**CHARLES BOUGHER, JR., INC.
3740 NE LINDA DRIVE
JENSEN BEACH, FL 34957**

February 14, 2003

Department of State,
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Reference: Corporation Name: **Charles Bougher, Jr, Inc**
Document Number: **P01000038568**

Dear Sirs:

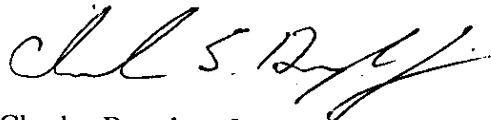
I recently discovered that my corporation as referenced above has been dissolved. I am the registered agent and the sole officer and stockholder.

I am hereby requesting the reinstatement of **CHARLES BOUGHER, JR, INC** and the waiver of the reinstatement fee. To my knowledge, I did not receive either of the two prior uniform business report (UBR) notices mentioned in the Reinstatement Packet.

Accordingly, please find attached the completed application for reinstatement and the Corporation's check # 10039 in the amount of \$308.75. This payment for the UBR filing fees for the previous year and this year and the additional fee required to obtain a Certificate of Status.

Thank you for your consideration in this matter. Please contact me at the address of record or via telephone at (772) 225-9855 should any additional information be needed.

Sincerely,



Charles Bougher, Jr.

Enclosures