

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 21 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE - FLORIDA

DOCUMENT # P01000053633

1. Corporation Name

BOUDRIE ENTERPRISES, INC.

Principal Place of Business

6708 STONE RIVER ROAD  
BRADENTON FL 34203  
US

Mailing Address

6708 STONE RIVER ROAD  
BRADENTON FL 34203  
US

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

2. New Principal Office Address, If Applicable

6702 DREWRY'S BLUFF  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2211 WHITEFIELD PARK AVE.  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

05/31/2001

5. FEI Number

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
PRESIDENT	RON BOUDRIE	2211 WHITEFIELD PARK AVE.	SARASOTA FL 34243
VICE- PRESIDENT	JACK BOUDRIE	6702 DREWRY'S BLUFF	BRADENTON, FL 34203

300009155273  
11/21/02-01033-012 \*\*150.00

8. Name and Address of Current Registered Agent

KING, CLIFFORD M  
2033 MAIN STREET  
SUITE 303  
SARASOTA FL 34237

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

11-18-02

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  
JACK D. BOUDRIE

Date

11/15/02

Daytime Phone #

941-758-0450

CR2E040 (8/02)

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Nov. 15, 2002

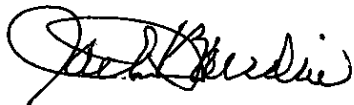
Please accept the enclosed check for in the amount of \$150.00 for the Annual Report Fee (\$61.25) and the Corporate supplemental Fee (\$88.75).

Due to a change of address, your previous notices were not received.

The new address is:     BOUDRIE ENTERPRISES, INC.  
6702 Drewry's Bluff  
Bradenton, FL 34203

Please change your records to reflect this change.

Thank You,



Jack Boudrie - Vice President  
Boudrie Enterprises, Inc.  
6702 Drewry's Bluff  
Bradenton, FL 34203