

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 -4 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000058631

1. Corporation Name

B & B FOLLIES, INC.

Principal Place of Business

9400 SEMINOLE BLVD.
SEMINOLE FL 33772

Mailing Address

9400 SEMINOLE BLVD.
SEMINOLE FL 33772



800008784648
11/04/02--01074--002 **150.00

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/11/2001

5. FEI Number

01-0673842

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
Pres	R. Barnum	9400 Seminole Blvd Seminole FL 33772	Seminole FL 33772
VP	R. Brown	9400 Seminole Blvd	Seminole FL 33772

8. Name and Address of Current Registered Agent

BROWN, RICHARD H
9400 SEMINOLE BLVD.
SEMINOLE FL 33772

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 31-Oct-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

31-Oct 02

Date 727-433-3333 Daytime Phone

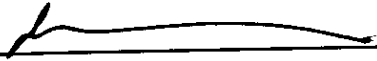
CR2E040 (8/02)

TO DO

1) Call Affiliates Title, Inc. for all your Title needs at 727-397-1847

We have never received any
notices or mail to renew
or file our corporate info.
The address is correct and
has not changed since we
established the corporation

Shaffer



Affiliates Title, Inc.

"Dedicated Professionals... Quality Service"

9406 Seminole Blvd.
Seminole, FL 33772

(727) 397-1847
Fax (727) 391-5573