

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P01000063070*

1. Corporation Name

B & B General Services, Inc

2. Principal Office Address

614 Alpha Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 15048

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32305

Country

LEON

City & State

Tallahassee, FL

Zip

32317

Country

LEON

4. Date Incorporated or Qualified
To Do Business in Florida

6/21/2001

5. FEI Number

59-3727766

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED

04 MAR 31 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *03-04*

7. Name and Address of Current Registered Agent

Name

William M. Hodge Jr.

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

614 Alpha Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32305

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

[Signature]

Date

3/29/04

REGISTERED AGENT MUST SIGN

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
Pres	<i>William M. Hodge Jr</i>	<i>614 Alpha Ave</i>	<i>Tallahassee, FL 32305</i>

10. 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] *William M. Hodge Jr* *3/29/04* *(850) 841-9665*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)