

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 5:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000073497

1. Corporation Name

BURTON IMPORTS, INC.

Principal Place of Business

125 GRIFFIN ROAD
COCOA FL 32922

Mailing Address

~~125 GRIFFIN ROAD~~
~~COCOA FL 32922~~



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

07/24/2001

5. FEI Number

59-3736835

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	TINKER, BILL	125 GRIFFIN ROAD	COCOA FL 32922
D	TINKER, MARY A	125 GRIFFIN ROAD	COCOA FL 32922

8000008791818
11/04/02--01107--012 **150.00

8. Name and Address of Current Registered Agent

TINKLER, BILL
125 GRIFFIN ROAD
COCOA FL 32922

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

29 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct 29, 2002

Daytime Phone #

321-255-5706

CR2E040 (8/02)

William J. Tinkler, President
Burton Imports, Inc.
125 Griffen Road
Cocoa, Florida 32926

October 31, 2002

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

Gentlemen:

Our corporation was formed utilizing the services of a paralegal firm as an economy measure. At no time were we informed as to the requirement to provide the state with any reports whatsoever. We have received no forms, no paperwork or reminders of any kind until this communication dissolving our corporation. We ask that the report forms be sent to our home address to avoid any future expensive problems such as this. We have made the change of address on the Application for Reinstatement. Our business is housed in a warehouse bay and the postal service is required to fill sixteen boxes on each unit which can be a problem in terms of correct placement.

Enclosed please find our check for \$150.00 which represents the UBR filing fee and the completed Notice of Application for Reinstatement.

If anything further is required please contact me at 321 255 5706.

Respectfully;



William J. Tinkler

Enclosures

WJT/mat