

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 20. PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 001000074296

1. Corporation Name

BOLULU FLORIDA CORPORATION

2. Principal Office Address - No P.O. Box #

8566 NW 19 DR

3. Mailing Office Address

8566 NW 19 DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

Zip

33071

Country

USA

Zip

33071

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/27/2001

5. FEI Number

65-1125554

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JAMES ANDREWS

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

8566 NW 19 DR

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33071

PROFIT CORPORATIONS ONLY

☐ The \$600.00 reinstatement fee is imposed,
except in circumstances which the entity did
not receive the prior notices. By checking
this box, you are certifying the prior
notices were not received and requesting
the reinstatement fee be waived.

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

J. Andrews

Date 5/14/10

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
MR	ROBERT JARVIS PIT/S/V	8566 NW 19 DR	CORAL SPRINGS, FL 33071

10. E-mail Address:

JAND592040@AOL.COM

(To be used for future annual report notification)

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. I further certify, 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:

R. Jarvis

ROBERT JARVIS

5/14/10

305-323-1278

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/20