PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM pg 1 of 2

CORPORATION REINSTATEMENT 02 WAN

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV 25 PM 1:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

600008787066
11/04/02--01077--025 **150.00

DOCUMENT # P01000079231

1. Corporation Name

BAGAN, INC.

2. Principal Office Address	**3.** Mailing Office Address
13063 CLEARBROOK CT.	13063 CLEARBROOK CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32224 Country: USA	Zip: 32224 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 8/13/01

5. FEI Number 59-3738573 ☐ 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: BAGAN, ELIZABETH G.

Street Address (P.O. Box Number is Not Acceptable): 13063 CLEARBROOK CT.

Suite, Apt. #, Etc.:

City: JACKSONVILLE State: FL Zip Code: 32224

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 Elizabeth G Bagan REGISTERED AGENT MUST SIGN Date

CR2E081 (9/00)

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
DPT	BAGAN, ELIZABETH G.	13063 CLEARBROOK CT.	JACKSONVILLE, FL 32224
DS	BAGAN, THOMAS A.	13063 CLEARBROOK CT.	JACKSONVILLE, FL 32224

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: Elizabeth G Bagan ELIZABETH G. BAGAN 10/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TRIPLE CHECK
✓ Income Tax Service
✓ Financial & Insurance Services
✓ Accounting & Bookkeeping Services

320 Osceola Avenue
Jacksonville Beach, FL 32250
Phone 904/241-2533
Fax: 904/241-1604
www.triplechecktax.com

October 30, 2002

Division of Corporations
Annual Reports Filing
Post Office Box 6327
Tallahassee, FL 32314

Re: Profit Corporation Annual Report
Document P01000079231 – Bagan, Inc.

Dear Sir/Madam,

Please see the enclosed Corporation Reinstatement for our client listed above. We are requesting that you accept her application and her payment of $150.00, for the year 2002.

Mrs. Bagan, President of the above Corporation, did not receive her reports for the referenced period. Upon our annual review of her account along with your web site, it was determined that she had not filed. She has always filed her government paperwork timely and is very conscientious regarding payment for all yearly fees and taxes.

Thank you for your help and consideration with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,

Beverlee A. Flowers, E.A.

Enclosure: Corporate Reinstatement