

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 SEP 13 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000081349

1. Corporation Name

BACKOFFICE PARTNERS, INC.

32551 Taylor Grade Road
Duette FL 33834

2. Principal Office Address

32551 Taylor Grade Road

3. Mailing Office Address

Duette FL 33834

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Duette FL

City & State

Duette FL

Zip

33834

Country

USA

Zip

33834

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/17/2001

5. FEI Number
651130106

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-09

7. Name and Address of Current Registered Agent

Name

David L. Briscoe

Street Address (P.O. Box Number is Not Acceptable)
32551 Taylor Grade Road

Suite, Apt. #, Etc.

City

Duette

State

FL

Zip Code

33834

600041007436
09/13/04--01061--002 **908.75

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

David L. Briscoe
REGISTERED AGENT MUST SIGN

Date 09/09/2004

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
P/D	David L. Briscoe	32551 Taylor Grade Road	Duette FL 33834

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David L. Briscoe David L. Briscoe

09/09/2004

Date

941 704-0334

Daytime Phone #

CP2E081 (01/04)