

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 23 AM 9:52

DOCUMENT # P01000104186

1. Corporation Name

OSBORNE INC.

Principal Place of Business

4566 AUTUMN WOODS WAY
TALLAHASSEE FL 32303

Mailing Address

4566 AUTUMN WOODS WAY
TALLAHASSEE FL 32303



000008809220
11/05/02--01082--002 **150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/29/2001

5. FEI Number

59-3755289

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)

Title(s)

2

Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director

4

City / State / Zip

Pres

Shawn Osborne
~~4566 Autumn Woods Way~~

4566 Autumn Woods Way

TALLA FL 32303

8. Name and Address of Current Registered Agent

OSBORNE, SHAWN
4566 AUTUMN WOODS WAY
TALLAHASSEE FL 32303

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

10/22/02

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

10/22/02

Daytime Phone #

CR2040 (8/02)

October 22, 2002

To whom it may concern:

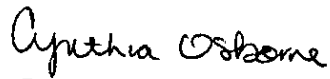
Please take this as notification that we did not receive notification to renew our corporation name, Osborne Inc. This is our first year with the business and we are learning as we go. Please accept our apologies and the enclosed check for \$150.00 in exchange for renewal of our corporation name.

If you have any questions please do not hesitate to call 850-514-5356.

Thank you,



Shawn Osborne, President
Osborne Inc.



Cynthia Osborne, Secretary
Osborne Inc.