

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 JAN 14 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000105066

**1. Corporation Name**

BH HOLDING, ~~ONE~~ CORP.

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

225 WOODLAKE WYNDE

Suite, Apt. #, etc.

City & State

OLDSMAR FL

Zip

34677

Country

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

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

10/29/2001

**5. FEI Number**

593752521

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

GEORGE J.F. WERNER, ESQ.

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

1324 PALMETTO STREET

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33755

☒ The 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

George J.F. Werner  
REGISTERED AGENT MUST SIGN

Date JAN. 11, 2008

**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
PSTD	WILLIAM HOTALING	225 WOODLAKE WYNDE	OLDSMAR FL 34677

400115029584

01/14/08--01010--028 \*\*785.00

**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 contained in Chapter 119, 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:

William Hotaling  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM HOTALING

JAN 11, 2008

Date

Daytime Phone #  
(321) 785-9107