

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000105859**

1. Corporation Name

B.D.J. ENTERPRISES, INC.

Principal Place of Business

12101 SE HWY 441
BELLEVIEW FL 34420

Mailing Address

12101 SE HWY 441
BELLEVIEW FL 34420

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/2001

5. FEI Number

60-0000012

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



REINSTATEMENT 03

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ROBINSON, BURTON E	12414 S.E. 60TH TERR.	OCALA FL 34420

700023819067
10/15/03--01058--009 **150.00

8. Name and Address of Current Registered Agent

ROBINSON, BURTON E
12414 S.E. 60TH TERR.
OCALA FL 34420

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

Burton E. Robinson
REGISTERED AGENT MUST SIGN

Date 10/10/03

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:

Burton E. Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/03

Daytime Phone #

352-307-7858

CR2E040 (7/03)

B.D.J. ENTERPRISES, INC.

12101 SE HWY 441

BELLEVIEW, FL. 34420

October 10, 2003

FLORIDA DEPT. OF STATE

Division of Corporations

P.O. Box 6327

Tallahassee, Fl. 32314-6327

Dear Sir:

Please be advised that we have never received the (UBR) notices, therefore we request that the reinstatement fee be waived.

Thank You,

Burton E. Robinson,

Director

Sworn and Subscribed this date

10/10/03

Burton Robinson

Known to me.

[Signature]

Notary Public

