

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000121264

1. Corporation Name

PROLIFIC CONCEPTS, INCORPORATED

Principal Place of Business

RT.9. LITTLE ROAD
LAKE CITY FL 32024

Mailing Address

PO BOX 3754
LAKE CITY FL 32056

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

12/26/2001

5. FEI Number

593761307

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
President	JERI L. BOHLSCHIED	Rt. 9 Little Road #767	LAKE CITY FL 32024
V.P.	KEN BOHLSCHIED	Rt 9 Little Road #767	LAKE CITY FL 32024
Sec	RUSS ROCCO	PO Box 2242	LAKE CITY FL 32056
Asst V.P.	BOB BRATTIN	PO Box 1061	LAKE CITY FL 32056

8. Name and Address of Current Registered Agent

BOHLSCHIED, KEN S
RT 9 LITTLE ROAD
767
LAKE CITY FL 32056

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

CR20040 (8/02)

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

Ken S. Bohlschied
REGISTERED AGENT MUST SIGN

Date

10/26/02

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:

Ken S. Bohlschied
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/26/02 388 8670569