

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 28 AM 10:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000006266

1. Corporation Name

THE BIVENS GROUP INC.

REINSTATEMENT 03



500024198805
10/28/03--01035--017 **150.00

Principal Place of Business

4824 FOXRUN
LAKELAND FL 33813

Mailing Address

4824 FOXRUN
LAKELAND FL 33813

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

01/18/2002

5. FEI Number

74-3025722

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
Pres.	Wendell B Bivens	4824 Fox Run	Lakeland FL 33813
Vice Pres.	Karen L Bivens	4824 Foxrun	Lakeland FL 33813

8. Name and Address of Current Registered Agent

BIVENS, WENDELL
4824 FOXRUN
LAKELAND FL 33813

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

Wendell B Bivens
REGISTERED AGENT MUST SIGN

Date

9-20-03

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

Wendell B Bivens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-20-03

Daytime Phone #

CR20040 (7/03)

10/21/03

To Whom It may concern:

I never received the form
to file these taxes.

Sincerely,

Wendell R.

Bivens Group, Inc.