

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 # **P02000013516**

1. Corporation Name

BOBBY'S BOBCAT SERVICE, INC.

Principal Place of Business

Mailing Address

P O BOX 2704
BONITA SPRINGS FL 34133

P O BOX 2704
BONITA SPRINGS FL 34133

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

02/01/2002

5. FEI Number

01-0575054

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
PTD	LEPORT, ROBERT D JR	27063 JARVIS RD	BONITA SPRINGS FL 34133
VS	FERANDEZ, JENNIFER E	P O BOX 2704	BONITA SPRINGS FL 34133

600024264546
10/30/03--01005--011 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAVIS, VICKI D
4390 15TH AVE SW
NAPLES FL 33999

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

34116

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

Vicki D Davis

REGISTERED AGENT MUST SIGN

Date

10/20/03

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:

Jennifer E Fernandez
Jennifer E Fernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/21/03

Daytime Phone #

239/280-6034

CR2ED40 (7/03)

Bobby's Bobcat Service, Inc.

P. O. Box 2704
Bonita Springs, FL 34133

Phone: 239/872-2381
or 239/280-6034
Fax: 239/949-5740

October 22, 2003

To: Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

From: Bobby's Bobcat Service, Inc.
P.O. Box 2704
Bonita Springs, FL 34133
Jennifer Fernandez
Vice President

Re: Annual Report/Uniform Business Report

To Whom it May concern,

I didn't know anything about an annual report this is the first year I have been in business and I didn't know to look for one or I would have paid it right away, I'm so sorry. I attached a check for the amount of \$150.00 check no. 423. Is there any way this will work, or can I make payments for the late charges?

If you have any questions feel free to call, my cell number is 239 / 280-6034.

Thank you,
Bobby's Bobcat Service, Inc.



Jennifer E. Fernandez
Vice President

NO JOB TO BIG OR TO SMALL

