

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000027420

1. Corporation Name

BS PROPERTIES INC

2. Principal Office Address

P.O. Box 557

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 557

Suite, Apt. #, etc.

City & State

MIDWAY, FL

City & State

MIDWAY, FL

Zip

32343

Country

Zip

32343

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

37-1424933

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03-06

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

STAN SHIVER

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

32454 BLUE STAR HWY

Suite, Apt. #, Etc.

City

MIDWAY

State
FL

Zip Code

32343

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/24/06

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
<u>PRES.</u>	<u>STAN SHIVER</u>	<u>32454 BLUE STAR HWY</u>	<u>MIDWAY, FL 32343</u>
<u>V.P.</u>	<u>BILL HIGDON</u>	<u>32454 BLUE STAR HWY</u>	<u>MIDWAY, FL 32343</u>

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/24/06

Daytime Phone #

575-9631

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May 24, 2006

BS Properties, Inc.

P02000027420

I DID NOT RECEIVE ANNUAL REPORT
INFORMATION IN THE YEAR 2003.

JS