

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL 22 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten initials]

REINSTATEMENT 04-05 *[Handwritten]*

DOCUMENT # 702000045458
1. Corporation Name
BACKUS MANAGEMENT, INC.

2. Principal Office Address
6347 NE MASTERS AVE
3. Mailing Office Address
6347 NE MASTERS AVE

Suite, Apt. #, etc.

City & State
ARCADIA, FL

Zip Country
34266 US

4. Date Incorporated or Qualified To Do Business in Florida 04/25/2002
5. FEI Number 020590963
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent
Name
BACKUS, MATTHEW J
Street Address (P.O. Box Number is Not Acceptable)
6347 NE MASTERS AVE
Suite, Apt. #, Etc.
City
ARCADIA
State
FL
Zip Code
34266

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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 _____ Date 07/13/05
REGISTERED AGENT MUST SIGN

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
P	BACKUS, MATTHEW J	6347 NE MASTERS AVE	ARCADIA, FL 34266

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 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: *[Signature]* MATTHEW J BACKUS Date 07/13/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (01/05)

2052

C.R. COOPER, CPA, PA
1495 FOREST HILL BLVD STE B
WEST PALM BEACH, FLORIDA 33406

American Institute of
Certified Public Accountants

(561) 964-6927
(561) 432-0008

Florida Institute of
Certified Public Accountants

FAX (561) 433-3596

July 6, 2005

Division of Corporations
Uniform Business Report Filings
P.O. Box 6327
Tallahassee, Florida 32314

Taxpayer: BACKUS MANAGEMENT, INC.
FEIN: 02-0590963
Document #: P02000045458
Tax Form: UBR
Tax Period: 2004, 2005

To Whom It May Concern:

We have enclosed check # 4567 in the amount of \$300.00 for the 2005 Corporate Reinstatement of BACKUS MANAGEMENT, INC., Document # P02000045458.

Please abate the late filing penalty. Mr. Backus did not receive the original Annual Reports. The corporation did not intentionally avoid the filings.

Thank you for your prompt attention to this matter. Please contact our office if any further information or explanation is required.

Respectfully,



C. R. Cooper, CPA

Encl.

cc