

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL 22 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

702000045458

1. Corporation Name

BACKUS MANAGEMENT, INC.

2. Principal Office Address

6347 NE MASTERS AVE

Suite, Apt. #, etc.

City & State

ARCADIA, FL

Zip

34266

Country

US

3. Mailing Office Address

6347 NE MASTERS AVE

Suite, Apt. #, etc.

City & State

ARCADIA, FL

Zip

34266

Country

US

REINSTATEMENT

04-05 wdp

4. Date Incorporated or Qualified
To Do Business in Florida

04/25/2002

5. FEI Number
020590963

Applied For

Not Applicable

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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08/15/05--01004--003 **300 00

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

REGISTERED AGENT MUST SIGN

Date 07/13/05

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:

MATTHEW J BACKUS

07/13/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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