

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

SECRETARY OF STATE DIVISION OF CORPORATIONS 03 DEC -2 AM 8:28

DOCUMENT # P02000061319

1. Corporation Name

Donald Bouchie, Inc

600025234416 12/04/03--01034--001 \*\*150.00

REINSTATEMENT 03

2. Principal Office Address

3195 Amys Court

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Green Cove Springs, FL

City & State

Zip

32043

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

6/3/2002

5. FEI Number

02-0612291

Applied For

Net 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 Mark E. Simpson

Street Address (P.O. Box Number is Not Acceptable) 1306 San Jose Road

Suite, Apt. #, Etc.

City St. Augustine

State FL

Zip Code 32086

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

Mark Simpson

REGISTERED AGENT MUST SIGN

Date 11/24/2003

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
	Donald Bouchie	3195 Amys Court	Green Cove Springs, FL 32043

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: Donald L Bouchie Donald L Bouchie 11/26/03 904 237 5661 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

November 24, 2003

Dept of State, Division of Corporations

Attn: Tina Roberts

409 East Gaines Street

Tallahassee, FL 32399

Tina,

I did not receive any paperwork from the state that needed to be filed this year and my corporation was administratively dissolved. I understand there is a penalty fee associated with re-instating my corporation, but have been told that this letter stating I never received a report to file may help to waive the penalties associated with not filing.

Since this was my first year reporting as a corporation in Florida I hope that a one time waiver of penalties will be granted. Please re-instate my corporate status ASAP so that I can renew my Workers Comp Exemption Status.

Thank you



Don Bouchie, President