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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 13 AM 11:27

DOCUMENT # P02000112038

1. Corporation Name

Burnt Bridge Guide Service, Inc.
10864 SW Madison Street
~~10864 SW Madison Street~~

2. Principal Office Address

10864 SW Madison Street

3. Mailing Office Address

P.O. Box 127

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

~~Arcadia FL~~

Fort Ogden FL

City & State

FORT OGDEN, FLORIDA

Zip

34266 34267

Country

USA

Zip

34267

Country

USA

700039124517
07/14/04--01043--003 **300.00

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida 10/17/2002**

5. FEI Number

03-04 88444

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

Vincent A. Sica

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

10 S. DeSoto Avenue

Suite, Apt. #, Etc.

Suite 101

City

Arcadia

State

FL

Zip Code

34266

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

Vincent A. Sica

Date

6/28/04

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
DPVST	Henry D. Ryals	10864 SW Madison Street	Fort Ogden Arcadia, FL 34266 34267

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)(l), 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:

Henry D. Ryals

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/25/04 863-494-3968

Daytime Phone #

CR2E081 (01/04)

VINCENT A. SICA, P.A.

ATTORNEY AT LAW

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10 SOUTH DESOTO AVENUE, SUITE 101

SUNTRUST BANK BUILDING

ARCADIA, FLORIDA 34266

Post Office Box 2080

ARCADIA, FLORIDA 34265

TELEPHONE (863) 491-6400

FAX (863) 491-6401

E-MAIL: vaslaw@desoto.net

July 12, 2004

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

RE: Burnt Bridge Guide Service, Inc.
P02000112038

Dear Sir or Madam:

Enclosed is the completed Corporation Reinstatement form for the above and my check No. 5158 in the amount of \$300.00. Pursuant to the enclosed copy of my email correspondence with your office, I am asking that you waive a portion of the reinstatement fee due to the fact that the notice for the annual report was sent to the street address and it was never received. I would appreciate your consideration in this matter.

If you have any questions or need additional information, please do not hesitate to contact me. Thank you very much.

Very truly yours,

VINCENT A. SICA, P.A.

Vincent A. Sica

Vincent A. Sica, Esquire

VAS/cfd

Encls.