

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 23 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT *03*



900024049959  
10/23/03--01059--001 \*\*150.00

DOCUMENT # **P02000115132**

1. Corporation Name

**BUMPER FX, INC.**

Principal Place of Business

1009 RIDGEMOUNT PLACE  
HEATHROW FL 32746

Mailing Address

1009 RIDGEMOUNT PLACE  
HEATHROW FL 32746

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/25/2002

5. FEI Number

06-1655724

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	RESNICK, LYNN S	692 SOUTH US HIGHWAY 17-92	LONGWOOD FL 32750
DV	RESNICK, STEVEN	692 SOUTH US HIGHWAY 17-92	LONGWOOD FL 32750

8. Name and Address of Current Registered Agent

FLORIDA AGENT SERVICES, INC.  
92 SADBERRY ROAD  
QUINCY FL 32351

9. Name and Address of New Registered Agent

Name

Lynn Resnick

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

1009 Ridgemoor Pl.

Suite, Apt. #, Etc.

City

Heathrow

State

FL

Zip Code

32750

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Signature Resnick*  
REGISTERED AGENT MUST SIGN

Date

10/15/03

11. 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 Resnick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/03 407-834-662

CR2E040 (7/03)



October 10, 2003

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

Re: Document #P02000115132  
BUMPERfx, Inc.  
FEI #06-1655726

To Whom It May Concern:

Enclosed please find an Application for Reinstatement and a check for \$150 for the above referenced corporation. No previous UBR notices were received.

Sincerely,

A handwritten signature in black ink that reads "Lynn S. Resnick". The signature is written in a cursive style with a large, stylized "L" and "R".

Lynn S. Resnick  
President