

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
Oct 29, 2003 8:00 A.M.
Secretary of State

DOCUMENT # **P02000116134**

1. Corporation Name

BUBBLES AND SUDZ, INC.

Principal Place of Business

Mailing Address

~~20882 NW 4TH ST~~
~~PEMBROKE PINES FL 33029-2131~~

~~20882 NW 4TH ST~~
~~PEMBROKE PINES FL 33029-2131~~

REINSTATEMENT 03



100024196861
10/28/03--01018--028 **150.00

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

2. New Principal Office Address, If Applicable

17743 SW 24th Court

Suite, Apt. #, etc.

City & State

Miramar, FL

Zip

33029

Country

3. New Mailing Office Address, If Applicable

17743 SW 24th Court

Suite, Apt. #, etc.

City & State

Miramar, FL

Zip

33029

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/2002

5. FEI Number

562800306

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	Irwin Gould Jr	17743 SW 24th Court	Miramar, FL 33029

8. Name and Address of Current Registered Agent

GOULD, IRWIN JR
20882 NW 4TH ST
PEMBROKE PINES FL 33029-2131

9. Name and Address of New Registered Agent

Name

same

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

17743 SW 24th Ct

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33029

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/29/03

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/03 7545599079

CR2E040 (7/03)

Bubbles and Sudz, inc.
17743 SW 24th Court
Miramar, FL 33029

October 24, 2003

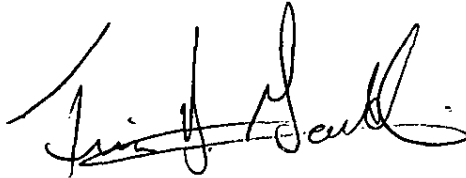
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Gentlemen,

This letter is to request that you waive the reinstatement fee, as I did not receive any prior notice to renew my annual report. I moved my office to the above address in January and did not receive the prior notices.

Sincerely,

Irwin Gould
President

A handwritten signature in black ink, appearing to read "Irwin Gould", written over a horizontal line.