

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 NOV 26 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000130386

1. Corporation Name

BITDIDDLE'S, INC.

Principal Place of Business

Mailing Address

~~5710 HOWARD CREEK RD~~  
~~SARASOTA FL 34241~~

~~5710 HOWARD CREEK RD~~  
~~SARASOTA FL 34241~~

3205 Southgate Circle  
Sarasota, FL 34239-5514

3205 Southgate Circle  
Sarasota, FL 34239-5514

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

12/10/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-1163615

Not Applicable

Zip

Country

Zip

Country

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
	BARR, ROBERT W	<del>5710 HOWARD CREEK RD</del> 3457 Fairview Dr	<del>SARASOTA FL 34241</del> 34239 Sarasota FL
	BARR, JANE E	<del>5710 HOWARD CREEK RD</del> 3457 Fairview Dr	<del>SARASOTA FL 34241</del> 34239 Sarasota FL
	Stagner, Richard T	105 N 18 <sup>th</sup> Street	Bradenton, FL 34205
			500024980585 11/24/03--01088--010 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARR, ROBERT W

~~5710 HOWARD CREEK RD~~ ~~3205 Southgate~~  
~~SARASOTA FL 34241~~ 3457 Fairview Dr.  
Sarasota, FL 34239

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

11/18/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/18/03

Daytime Phone #

941-315-0111

CR2E040 (7/03)



BITDIDDLE'S, INC.

P.O. Box 124  
5370 Clark Road, Suite A  
Sarasota, FL 34233-3227

Phone 941-921-HELP (4357)

Fax 941-922-6077

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

November 18, 2003

Re: We were recently forwarded the form for application of reinstatement, document # P02000130386. We are not in receipt of any prior UBR forms, and respectfully request that we be reinstated without penalty.

Enclosed is the completed Application for Reinstatement along with our filing fee.

Thank you for your consideration.

Sincerely,

Robert W. Barr

Registered Agent

