

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000000865

1. Corporation Name

BOGGS HILL, INC.

FILED
09 NOV 10 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500162678465
11/10/09--01006--006 **E08.75

REINSTATEMENT 06-09
COR2E081-(10/09)

2. Principal Office Address - No P.O. Box #

2900 TWIN OAKS WAY

Suite, Apt. #, etc.

3. Mailing Office Address

2900 TWIN OAKS WAY

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

01/03/2003

City & State

WELLINGTON FL

City & State

WELLINGTON FL

Zip

33414

Country

USA

Zip

33414

Country

USA

5. FEI Number

36-4158184

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

TIMOTHY M. GOGUEN

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

2900 TWIN OAKS WAY

Suite, Apt. #, Etc.

City

WELLINGTON

State

FL

Zip Code

33414



The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or section 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/09/09

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
P/T	TIMOTHY M. GOGUEN	2900 TWIN OAKS WAY	WELLINGTON FL 33414
V	KELLY E. GOGUEN	2900 TWIN OAKS WAY	WELLINGTON FL 33414

10. E-mail Address:

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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

11/09/09

Date

Daytime Phone#