

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 19 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000077834

1. Corporation Name

Backyard Carnivals, Inc.

2. Principal Office Address

5570 Florida Mining blvd.

Suite, Apt. #, etc.

#506

City & State

Jacksonville FL.

Zip

32257

Country

USA

3. Mailing Office Address

5570 Florida Mining blvd

Suite, Apt. #, etc.

#506

City & State

Jacksonville FL.

Zip

32257

Country

USA

REINSTATEMENT

04-06

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

7-7-03

5. FEI Number

20-0070376

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

Steven R. Perkins

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

5570 Florida Mining blvd.

Suite, Apt. #, Etc.

#506

City

Jacksonville

State

FL

Zip Code

32257

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

REGISTERED AGENT MUST SIGN

Date 1-19-06

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
CEO	Steven R. Perkins	5570 Florida Mining blvd	Jacksonville FL. 32257
President	Steven R. Perkins	5570 Florida Mining blvd	Jacksonville FL. 32257

1/19

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)(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

1-19-06

Date

904-992-0056

Daytime Phone #



9838 Old Baymeadows Road

Box 139

Jacksonville, FL 32256

This letter is to request a waiver on the late fee for
the annual report for 2004, as I did not
receive my notice.

Steve Perkins

president