

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000096794

1. Entity Name
BOHICA INVESTMENTS, INC.



FILED
05 JUL -5 AM 10: 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
545 DELANEY AVENUE
SUITE 1
ORLANDO, FL 32801-3866

Mailing Address
545 DELANEY AVENUE
SUITE 1
ORLANDO, FL 32801-3866

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

05312005 REIN-P CR2E098 (6/04) 04-05

4. FEI Number
20-0502105

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

President
Debra J. Sutton
325 W. Main Street
Bartow, FL 33830

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Debra J. Sutton* 6/6/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE NAME Eric Benson ☒ Delete
STREET ADDRESS 545 Delaney Avenue
CITY-ST-ZIP Suite 1 Orlando, FL 32801

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME President ☐ Change ☒ Addition
STREET ADDRESS Debra J. Sutton
CITY-ST-ZIP 325 W. Main Street Bartow, FL 33830

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 00005 7475 0000
CITY-ST-ZIP 07/14/05--01058--008 ***500.00

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Debra J. Sutton* 6/6/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #