

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 JUL 31 PM 3:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000116961

1. Corporation Name

BRUCE DRIVDAHL, INC.

*AR*

REINSTATEMENT

04-06

CR2E081 (12/05)

*WOP*

2. Principal Office Address

1112 10th ST

3. Mailing Office Address

1112 10th ST

Suite, Apt. #, etc.

E-2

Suite, Apt. #, etc.

E-2

City & State

ST. CLOUD FL

City & State

ST. CLOUD FL

Zip

34769

Country

US

Zip

34769

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

10/20/2003

5. FEI Number

20-0317811

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

BRUCE DRIVDAHL

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

1112 10th ST

Suite, Apt. #, Etc.

E-2

City

ST. CLOUD

State

FL

Zip Code

34769

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

*Bruce Drivdahl*

REGISTERED AGENT MUST SIGN

Date

7-27-2006

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	BRUCE DRIVDAHL	1112 10TH STREET E-2	ST. CLOUD FL 34769

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 contained in Chapter 119, 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:

*Bruce Drivdahl*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-27-2006 407-319-4419

Daytime Phone #

2052

Bruce Drivdahl  
1112 10<sup>th</sup> St. E-2  
Saint Cloud, Fl 34769

06-13-06

To whom it may concern,

I am enclosing my reinstatement form for my corporation. I never received the renewal notification for my corporation. The instructions for reinstatement indicate that if I did not receive notice, to put this in writing and the reinstatement fee would be waived.

Thank you for your assistance in this matter.

Sincerely, *Bruce Drivdahl*

Bruce Drivdahl