


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION  
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 JUL -5 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P03000137953

**1. Corporation Name**  
BOULEDOGUE, INC.  
2060 Lorene Lane  
Deltona FL 32738-6262

**2. Principal Office Address**  
2060 Lorene Lane

**3. Mailing Office Address**  
2060 Lorene Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
Deltona Florida

**City & State**  
Deltona Florida

**Zip**  
32738-6262

**Country**  
Volusia

**Zip**  
32738-6262

**Country**  
Volusia

**4. Date Incorporated or Qualified  
To Do Business in Florida** 11-21-03

**5. FBI Number**  
30-0217931

**Applied For**  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒ SEE 7B Addendum Required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**  
Gregory Walker

**Street Address (P.O. Box Number is Not Acceptable)**  
2060 Lorene Lane

Suite, Apt. #, Etc.

**City**  
Deltona

**State** **Zip Code**  
FL 32738-6262

**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**

*Gregory Walker*  
REGISTERED AGENT MUST SIGN

**Date** 6-30-05

**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
Preside	Gregory Walker	2060 Lorene Lane	Deltona FL 32738-6262
Vice Pr	Philomena S. Walker	2060 Lorene Lane	Deltona FL 32738-6262
Seretar	Gregory Walker	2060 Lorene Lane	Deltona FL 32738-6262
Treasur	Gregory Walker	2060 Lorene Lane	Deltona FL 32738-6262

**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:**

*Gregory Walker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-05

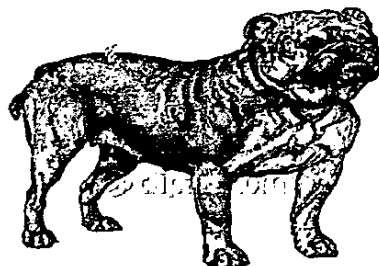
Date

386 860 4924

Daytime Phone #

CR2001 (01/05)

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Bouledogue Inc, 2060 Lorene Lane Deltona Florida 32738 USA.phone 386 860 4924 fax 321 249 0279 e-mail, gwm386@earthlink.net

6/30/2005

Eula Peterson, Document Specialist  
Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee Florida 32314

Dear Eula Peterson

I wish to have my corporation reinstated and have the reinstatement fee waved, do to the hurricanes of 2004.

I have made the correction to Document # Po3000137953 as requested.

There are no returned checks in the letter you sent me; I assume I can just send you another check for the remaining amount, \$150.00.

I have enclosed the check numbered 1066 for \$150.00

You have check numbered 1064 for \$150.00 and check numbered 1065 for \$8.75 for the certificate of status

Your consideration in this matter is greatly appreciated

Thank You

A handwritten signature in cursive script, appearing to read "Gregory Walker".

Gregory Walker