

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 APR 19 AM 10:51

DOCUMENT # P04000172444

1. Corporation Name

C. BUERGER SUPPORT SERVICES, INC.

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

1115 THEODORE AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

1115 THEODORE AVENUE

Suite, Apt. #, etc.

City & State

JACKSONVILLE BEACH, FL

City & State

JACKSONVILLE BEACH

Zip

32250

Country

USA

Zip

32250

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/27/2004

5. FEI Number
202062181

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
CANDICE BUERGER

Street Address (P.O. Box Number is Not Acceptable)
1115 THEODORE AVENUE

Suite, Apt. #, Etc.

City
JACKSONVILLE BEACH

State
FL

Zip Code
32250

☒ 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 617.0503, F.S.

Signature of
Registered Agent

Candice Buerger

REGISTERED AGENT MUST SIGN

Date

4/9/10

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
PDST	CANDICE BUERGER	1115 THEODORE AVENUE	JACKSONVILLE BEACH, FL 32250

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:

Candice Buerger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/10

Date

904-249-4663

Daytime Phone #