

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 26 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 05000011400**

1. Corporation Name

BAD ENTERPRISES INC.

WI-15494

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

1985 Capital St

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Port, FL

City & State

Zip

Country

Zip

Country

34288

4. Date Incorporated or Qualified
To Do Business in Florida

1/21/2005

5. FEI Number

20-2207825

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

LAZARO A FONTECHA

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

1985 Capital St

Suite, Apt. #, Etc.

City

North Port, FL

State

FL

Zip Code

34288

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.

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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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/26/10

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
P	Lazaro A Fontecha	1985 Capital Street	North Port, FL 34288
VP	Lynore Fontecha	1985 Capital Street	North Port, FL 34288

REINSTATEMENT

RH

10. E-mail Address: **marycormier@verizon.net**

(To be used for future annual report notification)

11. 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, I further certify, 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]

Lazaro A. Fontecha

2/26/10