

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000016320 1. Entity Name BADGER BOB'S APPLIANCES, INC.						07 JAN 1	LED 16 PH	
Principal Place of Business 5650 SWIFT ROAD SARASOTA, FL 34231 2. Principal Place of Business		Mailing Address 5650 SWIFT ROAD SARASOTA, FL 34231	5650 SWIFT ROAD SARASOTA, FL 34231			SECRETAR TALLAHASS	Y OF S' SEE, FLI	TATE ORIDA VO-07
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		10/19/0	01033 Ol-	4 \$ 1 8 (11/05)	50.00
City & State		City & State	City & State		4. FEI Number	1977814		plied For t Applicable
Zip	Country	Zip	Zip Cour				8.75 Addi	itional
6. Name and Address of Current Registered Agent THEILER, MARK A 5650 SWIFT ROAD SARASOTA, FL 34231				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)				
			17	City		FL	Zip Code	
8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typod or penter name of greatered agent and till of applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	E NOW!!! FEE IS \$750.00 nuary 1, 2007, Fee will be \$9(00.00						
10.	OFFICERS A	ND DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFICERS AND I	DIRECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	THEILER, MARK A 5650 SWIFT ROAD SARASOTA, FL 34231						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete BURG, ROBER G 5650 SWIFT ROAD SARASOTA, FL 34231				00008668402(nss 01/30/0701017016 **)		□ Change □ 2 □ □ **15	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				☐ Change ☐ Addit		Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition
HITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1			☐ Change	Addition
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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 impowered 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date								

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Badger Bob's Appliances, Inc. 5650 Swift Road Sarasota, FL 34231

January 10, 2007

Florida Department of State Division of Corporations P O Box 6327 Tallahassee, FL 32314

Reference Number P05000016320 Letter Number: 906A00069642

Customer Service,

Enclosed is the 2006 For Profit Corporation Reinstatement form and our check for \$150.00. We request that you abate the \$600.00 penalty because we did not receive the original notice. Our business is in a building with other businesses; sometimes the mail is delivered to the wrong tenant.

Thank you for your assistance.

Sincerely,

Mark Theiler, President