

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000079303

1. Entity Name
BOSWORTH & ASSOCIATES, INC.



FILED
2008 AUG 11 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1199 E MCKINLEY ST
HERNANDO, FL 34442

Mailing Address
1199 E MCKINLEY ST
HERNANDO, FL 34442

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

4. FEI Number
20-1969738

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOSWORTH, DUSTIN
1199 E MCKINLEY ST
HERNANDO, FL 34442

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME BOSWORTH, DUSTIN
STREET ADDRESS 1199 E MCKINLEY ST
CITY-ST-ZIP HERNANDO, FL 34442

TITLE ☐ Change ☐ Addition
NAME 000134331310
STREET ADDRESS 08/11/08--01054--005 **300.00
CITY-ST-ZIP

TITLE DST ☐ Delete
NAME BOSWORTH, TERRI
STREET ADDRESS 1199 E MCKINLEY ST
CITY-ST-ZIP HERNANDO, FL 34442

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 empowered 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:

Dustin Bosworth / Dustin Bosworth August 8, 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3. Mitchell AUG 11 2008