

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

DOCUMENT #

1. Corporation Name

The Bolling Group, INC.
PO 5000144664

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

1721 Magdalene Manor Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33613

Country

USA

Zip

Tampa, FL

Country

USA

800172790788
03/22/10--01051--013 **450.00

REINSTATEMENT 07-10

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/2005

5. FEI Number

20-3688308

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

Carla Bolling

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

1721 Magdalene Manor Dr.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33613

☒ 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.

800172790788
03/31/10--01037--008 **150.00

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

Carla H Bolling

Date 3-18-10

REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---|--------------------|
| VP | Mark Bolling | 1721 Magdalene Manor Dr. | Tampa, FL 33613 |
| P | Carla Bolling | 1721 Magdalene Manor Dr | Tampa, FL 33613 |
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| | | | |
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| | | | |

10. E-mail Address: cbolling@tampabay.rr.com

(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:

Carla H Bolling

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-10 813495-8882

Date

Daytime Phone #