

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY -5 PM 2:37

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO6000032281**

1. Corporation Name

BORCHERS INTERNATIONAL, INC
4137 MAIDU COURT
ST CLAUD, FL 34772

500180414625
05/05/10--01036--015 **300.00

500180414625
05/05/10--01036--014 **150.00

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

4137 MAIDU COURT

3. Mailing Office Address

847 N.W. 119 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ste # 205

City & State

ST CLAUD, FL

City & State

Miami, FL

Zip

34772

Country

US

Zip

33108

Country

US

CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

02/27/2006

5. FEI Number

20-8931956

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

Maria C. Borchers

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

4137 MAIDU COURT

Suite, Apt. #, Etc.

City

ST CLAUD

State

FL

Zip Code

34772

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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

Date

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
P	Maria C. Borchers	4137 MAIDU COURT	ST CLAUD, FL 34772
VP	Carl M Borchers	4137 MAIDU COURT	ST CLAUD, FL 34772

REINSTATEMENT

**M. MILLIGAN
EXAMINER**

MAY -7 2010

10. E-mail Address:

(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #