

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 SEP 27 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000060664

1. Corporation Name

BAMPA COMPANY

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

2815 Remington Green Cir.

Suite, Apt. #, etc.

Suite 200

City & State

Tallahassee FL

Zip

32308

Country

US

3. Mailing Office Address

PO Box 15588

Suite, Apt. #, etc.

City & State

Tall. FL

Zip

32317

Country

US

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

April 2006

5. FEI Number

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

BRUCE A. MINNICK P.A.

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

2815 Remington Green Circle

Suite, Apt. #, Etc.

Suite 200

City

Tallahassee

State

FL

Zip Code

32308

☒ 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.

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

REGISTERED AGENT MUST SIGN

Date

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 |
|--------|--------------------------------------|---|----------------------|
| STD | DEBRA W. MINNICK | 9017 Eagles Ridge Dr. | Tallahassee FL 32312 |
| D | MATTHEW A. MINNICK | 2815 Remington Green Circle Suite 200 | Tall FL 32308 |
| PD | BRUCE A. MINNICK P.A. | 2815 Remington Green Circle Suite 200 | |
| | | | |
| | | | |

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10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

Bruce A. Minnick PA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/24/07

Daytime Phone #

858
3869244