

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000071804

1. Corporation Name

BB's Land Development of Lake Wales, Inc

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

2982 Jasmine Ave

Suite, Apt. #, etc.

City & State

Lake Wales, FL

Zip

33898

Country

USA

3. Mailing Office Address

2982 Jasmine Ave

Suite, Apt. #, etc.

City & State

Lake Wales, FL

Zip

33898

Country

USA

7. Name and Address of Current Registered Agent

Name

Bryan Brantley

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

2982 Jasmine Ave

Suite, Apt. #, Etc.

City

Lake Wales

State

FL

Zip Code

33898

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

Bryan Brantley

REGISTERED AGENT MUST SIGN

Date **10/20/2008**

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	Bryan Brantley	2982 Jasmine Ave	Lake Wales, FL 33898

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:

Bryan Brantley

Bryan Brantley

10/20/2008

863 528-2090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 OCT 22 PH 4:34

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

200137181582
10/22/08--01050--009 **300.00

REINSTATEMENT
CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida **5/18/2006**

5. FEI Number
20-4928624

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ 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.

10/22/08