

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR -9 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 907000022788

1. Corporation Name

NICHOLAS BOUVIER, INC

000172296670
04/09/10--01034--013 **158.75

000172296670
03/16/10--01023--005 **300.00

REINSTATEMENT 08-10

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

5538 SE 44TH CIRCLE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

Zip

34480

Country

MARION

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 02-20-2007

5. FEI Number
30-0254210

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

NICHOLAS BOUVIER

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

5538 SE 44TH CIRCLE

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34480

☒ 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 03-13-2010

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
PRESIDENT	NICHOLAS BOUVIER	5538 SE 44TH CIRCLE	OCALA, FL 34480

10. E-mail Address: HAVACUPOCALA@AOL.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:

NICHOLAS BOUVIER

03-13-2010 352-207-7306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #