

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 NOV -3 PM 5:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000026812

1. Corporation Name

BISON OF WEST PASCO, INC.

Principal Place of Business

6809 MASS AVE
NEW PORT RICHEY FL 34653
US

Mailing Address

9467 NILE DRIVE
NEW PORT RICHEY FL 34655
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/09/1993

5. FEI Number

59-3179808

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	GRIFFIN, BRIAN	9467 NILE DRIVE	NEW PORT RICHEY FL 34655
			400002340524--0
			-11/06/97--01089--007
			****165.00 ****165.00

8. Name and Address of Current Registered Agent

GRIFFIN, BRIAN
9467 NILE DRIVE
NEW PORT RICHEY FL 34655

9. Name and Address of New Registered Agent

Name
BRIAN GRIFFIN / ST AUGUSTINE INC
Street Address (P.O. Box Number is Not Acceptable)
4061 MADISON ST
Suite, Apt. #, Etc.
#2
City
NEW PORT RICHEY
State
FL
Zip Code
34652

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/29/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/97

Daytime Phone #

813 - 847-6446

(2)

10/29/97

TO WHOM IT MAY CONCERN

DOCUMENT # PG3000026812

I SPOKE WITH TREVOR ON 10/29/97 AT YOUR OFFICE (805-427-6059). I EXPLAINED TO TREVOR THAT I MAILED FORM FOR (CHECK) CORPORATION FEE ALONG WITH ANOTHER CORPORATION THAT I OWN IN THE SAME ENVELOP. THE OTHER CORPORATION NAME IS "ST ANGELO'S INC.", THAT CHECK WAS RECEIVED & POSTED ON 3/11/97.

THE CHECK FOR "BISON INC OF W. PASCO" WAS IN SAME ENVELOP. THAT CHECK & FORM HAVE NOT POSTED. ONCE AGAIN BOTH WERE MAILED IN SAME ENVELOP. I HAVE A THIRD CORPORATION THAT WAS RECEIVED ON 4/1/97. "TWO FAT GUYS INC."

TREVOR ASKED ME TO WRITE THIS LETTER OF EXPLANATION & ENCLOSE CHECK FOR \$165.00 WHICH I HAVE DONE. IF YOU HAVE ANY QUESTIONS PLEASE CONTACT ME AT, (813-847-3038 OR 813-847-6446)

THANK YOU
Bryan Griffin
BRYAN GRIFFIN