

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JUL 26 PM 12: 37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000087934

1. Corporation Name

John Bubenik Inc.

W-17847

2. Principal Office Address

2102 INVERNESS

Suite, Apt. #, etc.

City & State

FERNANDINA Beach FL

Zip

Country

32034

3. Mailing Office Address

2102 INVERNESS

Suite, Apt. #, etc.

City & State

FERNANDINA Bch FL

Zip

Country

32034

REINSTATEMENT 9810

4. Date Incorporated or Qualified
To Do Business in Florida

Dec 27 93

5. FEI Number

59-3218802

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

John Bubenik

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

2102 INVERNESS

Suite, Apt. #, Etc.

City

FERNANDINA Bch

State

FL

Zip Code

32034

700003351127-3
-08/09/00-01075-013
***1050.00 ***1050.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 6-30-00

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
Pres	John Bubenik	2102 INVERNESS	FERNANDINA Beach FL 32034
		2102 INVERNESS	FERNANDINA Beach FL 32034

KE

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 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]

John Bubenik

7-24-00

Date

Daytime Phone #

904-321-0920

CR2E081 (3/99)