

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

95-00  
CORPORATION  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG 23 AM 11:59

**DOCUMENT #** P94000027603

**1. Corporation Name**

Bo's Electric & Specialties, Inc.  
2711 Park Windsor Dr. # 302

**2. Principal Office Address**

2711 Park Windsor Dr. # 302

Suite, Apt. #, etc.

# 302

City & State

Fort Myers, Florida

Zip

33901-8316

Country

USA

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

Same

City & State

Same

Zip

Same

Country

Same

**4. Date Incorporated or Qualified  
To Do Business in Florida**

April 7, 1994

**5. FEI Number**

65-0487705

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

Barbara J. Bodenhamer

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

2711 Park Windsor Dr.

Suite, Apt. #, Etc.

# 302

City

Fort Myers

State

FL

Zip Code

33901-8316

**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

*Barbara J Bodenhamer*  
REGISTERED AGENT MUST SIGN

Date 8-18-00

**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.	Thayer H. Bodenhamer	4336 New St.	Ft. Myers, FL 33905
Secy/Tres	Barbara J. Bodenhamer	4336 New St.	Ft. Myers, FL 33905

**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:**

*Barbara J Bodenhamer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Barbara J. Bodenhamer

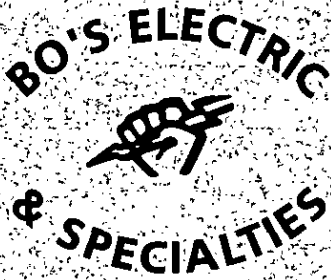
Date

8-18-00

Daytime Phone #

941-275-4502

CR2E081 (9/99)



Phone (941) 275-4502

Thayer & Barbara Bodenhamer  
License No. ER 0010224  
Fax: (941) 275-7882



*Closets by*  
**B & B**

Phone (941) 275-6551

August 18, 2000

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Re: Reinstatement - Document # P94000027603

Gentlemen

Enclosed is the Corporation Reinstatement form that has been filled out for Bo's Electric & Specialties, Inc.

I have enclosed my check in the amount of \$ 1,015.00 per instructions. I have never received the annual forms that I should have received according to the gentleman that I talked with on the phone. This is the amount that he said to send and ask for a waiver for late fees.

Thank you for your assistance in this matter.

Very truly yours,

Barbara J. Bodenhamer