

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 FEB 17 AM 9:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94 000092476

1. Corporation Name

B & B COMPANIES INC.

Principal Place of Business

Mailing Address

8502 N. FLORIDA AVE
TPA, FL 33604

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

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PRES	WILL BUCHANAN	515 S. ALBANY AVE A	TPA FL 33606
V. PRES	GARRE GARETT BETHEND	8685 HOPE MENS CT	ATLANTA, GA. 30350

200002090332-2
-02/18/97--01032--002
****390.00 ****390.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
WILL T. BUCHANAN
Street Address (P.O. Box Number is Not Acceptable)
515 S. ALBANY AVE A
Suite, Apt. #, Etc.

City
TPA
State
FL
Zip Code
33

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

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

WILL T. BUCHANAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/97 (877) 932-8815

Date

Daytime Phone #

CR2E040 (12/96)

2/2

Mr. DUNLAP,

Please find the enclosed Reinstatement ^{doc # 944000092476} form for B & B Companies Inc. At your suggestion I am writing this letter asking for the waiver of reinstatement fees. When I spoke to you on the telephone you said to let you know for some unknown reason the address you mailed the annual report to last year was incorrect, therefore I never received the form. I apologize for any inconvenience this has caused. I have enclosed a check for \$390.00 (again you informed me to do this) for 2 years (last year, and current year) Thank you for your assistance in this matter.

Sincerely

W. T. Buchanan

WILL T. BUCHANAN