

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -5 PM 12:04

DOCUMENT # P94000094149

1. Corporation Name

B.A. BODENHEIMER & CO., INC.

Principal Place of Business

Mailing Address

2831 N.W. 41st Street, Suite A
Gainesville, FL 32606

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

REINSTATEMENT 99-00
DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable

2304 Fontaine Court

3. New Mailing Address, if Applicable

2304 Fontaine Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

12-30-94

City & State

Charlotte, NC

City & State

Charlotte, NC

Zip

28270

Country

US

Zip

28270

Country

US

5. FEI Number

59-3298895

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, D	ANDREW J. BODENHEIMER	2304 Fontaine Court	Charlotte, NC 28270
VP	BRENDA J. BODENHEIMER	204 Big Oak Road	Stamford, CT
T, S	CAROL BODENHEIMER ALBERTS	3001 Prescott	Houston, TX 77025

300003299393--0
06/21/00 01087-006
*****900.00 *****900.00

6/14

8. Name and Address of Current Registered Agent

Andrew J. Bodenheimer
4235 S.W. 91st Drive
Gainesville, FL 32607

9. Name and Address of New Registered Agent

Name

BRUCE BRASHEAR, ESQ.

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

926 N.W. 13th Street

Suite, Apt. #, Etc.

City

Gainesville

State
FL

Zip Code

32601

CR2040 (12/95)

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

[Signature]

REGISTERED AGENT MUST SIGN

[Signature]

Date 3/23/2000

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/2000
Date

352 336 0800
Daytime Phone #