

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 AUG 11 PM 4:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000008476

**1. Corporation Name**

B.O.'S FISH WAGON INC

~~W/O#000036271~~

**2. Principal Office Address - No P.O. Box #**

801 CAROLINE STREET

Suite, Apt. #, etc.

City & State

KEY WEST FL

Zip

33040

Country

MONROE

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

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

01/27/1995

**5. FEI Number**  
65-0755996

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/07)

**7. Name and Address of Current Registered Agent**

Name

BRUCE RITSON

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

1622 JOHNSON STREET

Suite, Apt. #, Etc.

City

KEY WEST FL 33040-5912

State

FL

Zip Code

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

\$450.00

**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

*Bruce Ritson*

REGISTERED AGENT MUST SIGN

Date 06/17/2008

**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
PSTD	HOLLY OWEN	2008 HARRIS AVENUE	KEY WEST FL 33040
D	WAYNE OWEN SR	2315 N ROOSEVELT BLVD	KEY WEST FL 33040
			000133777260 07/30/08--01041--005 **450.00

REINSTATEMENT 06-08

**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 contained in Chapter 119, 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:

*Holly Owen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/17/2008 305/294-7292

Date

Daytime Phone #