

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

96 NOV 20 AM 11: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000022985

1. Corporation Name

BOOKKEEPING & CLERICAL SERVICES INC.

Principal Place of Business

Mailing Address

410-G 150TH AVENUE  
MADEIRA BEACH FL 33708

410-G 150TH AVENUE  
MADEIRA BEACH FL 33708

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

2. New Principal Office Address, If Applicable

343 Boca Ciega Drive  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

343 Boca Ciega Drive  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

03/20/1995

5. FEI Number

59-3307863

Applied For

Not Applicable

City & State

MADEIRA BEACH, FL

City & State

MADEIRA BEACH, FL

Zip

33708

Country

Pinellas

Zip

33708

Country

Pinellas

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PRES	GLORIA RUSSELL TRUESDELL	343 Boca Ciega Drive	MADEIRA BEACH, FL 33708
V.P.R.	ROBERT B. TRUESDELL	343 Boca Ciega Drive	MADEIRA BEACH, FL 33708
			900002011939--3
			-11/22/96--01011--022
			****375.00 ****375.00

8. Name and Address of Current Registered Agent

RUSSELL, GLORIA  
410-G 150TH AVENUE  
MADEIRA BEACH FL 33708

9. Name and Address of New Registered Agent

Name  
GLORIA RUSSELL TRUESDELL  
Street Address (P.O. Box Number is Not Acceptable)  
343 Boca Ciega Drive  
Suite, Apt. #, Etc.  
City  
MADEIRA BEACH, FL  
State  
FL  
Zip Code  
33708

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 of Registered Agent  
REGISTERED AGENT MUST SIGN

Date October 27, 1996

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:

Signature and Typed or Printed Name of Signing Officer or Director  
Gloria Russell Truesdell

Date 10/27/96 (813) 399-2113

Date

Daytime Phone #