PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR ** ** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000093229

1. Corporation Name

SIGNATURE:

B & B PROPERTIES OF GULF CO., INC.

Principal Place of Business

Mailing Address

on this application is true and occurate, and my signature shall have the same legal effect as if made under oath.

DIVISION OF CORPORATIONS

03 OCT 13 AM 8:00

| i iiiioipai i | 1000 01 20011000 | Midwill B Add | | | | | | | |
|---|--|-------------------------------------|--|--|--|-------------------------|--|-----------------------|--|
| 8022 CAPE SAN BLAS RD PORT ST. JOE FL 32456 US | | | 8022 CAPE SAN BLAS RD PORT ST. JOE FL 32456 US | | | REINSTATEMENT 03 me | | | |
| | | | | P 6 1 | BEIN | PIAIFME | :NI ///つ | na D | |
| | nddresses are incorrect in any way, li ncipal Office Address, If Applicable | <u> </u> | ough incorrect information and enter correction be 3. New Mailing Office Address, If Applicable | | Date Incorporated or Qualified To Do Rusiness in Florida | | | | |
| Suite, Apt. #, etc. City & State | | Suite, Apt. | Suite, Apt. #, etc. City & State | | 5. FEI Number | 12/06 | | 6/1995 Applied For | |
| | | City & State | | | 3. TE Nomb | 59-3350515 | Not App | | |
| Zip | Country | Zip | Cour | ntry | 6. CERTIFICAT | E OF STATUS DESIRED | \$8.75 Additional Fee for a Certificate of S | | |
| 7. Names | and Street Addresses of Each Office | r and/or Director (FI | orida nonprofit corpo | orations must list at le | east 3 directors) | | | | |
| Title(s) | P(s) Name of Officers and/or Directors | | Street Address of Each Officer and/or Director | | | | | | |
| PTS | ARENDT, BARBARA | | 8022 CAPE SAN BLAS RD. | | | PORT SAINT JOE FL 32456 | | | |
| | | | | * | 10/13 | 10023750 1030106501 | 123 / 4 **150.00 | | |
| - | 8. Name and Address of Current Registered | | lent | 9. Name and Addres | | Address of New Registe | ss of New Registered Agent | | |
| ARENDT, BARBARA S 8022 CAPE SAN BLAS RD PORT ST. JOE FL 32456 | | | | Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code | | | | CB2E040 (7/03) | |
| Signature o Registered 11. I certify | appointed the registered agent of the Agent Agent That I am an officer or director or the estatement application, the reason for | REGISTERED AT receiver or trustee 6 | GENT MUST SIGN | ite this application as | provided for in ch | Date | 7.0505, F.S. | | |

To Whom it May Concern;

Again this year as last year my office did not receive the prior UBR notices. I am enclosing the \$150.00 normal fee. I do not understand why I get the late notice and not the original.

Singerely,

Barbara Arendt Owner, Broker

B&B Properties of Gulf County Inc.