

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000095103

1. Corporation Name

BURBAR MANAGEMENT, INC.

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

2327 HANCOCK BRIDGE PKWY

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

Zip

33990

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
08 OCT 20 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-08

800137073128

10/20/08-01048-010 **300.00
CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida

12/15/95

5. FEI Number

65-0427213

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GAS & SHOP #1

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

2327 HANCOCK BRIDGE PKWY

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33990

☒ 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.

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

Y Samar S. Burbar

Date 10/13/08

REGISTERED AGENT MUST SIGN

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
0	SAMAR S. BURBAR	2327 HANCOCK BRIDGE	CAPE CORAL, FL 33990

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: Y

SAMAR S. BURBAR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/08 239-626-6171
Date Daytime Phone #