

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 # P96000026893

1. Corporation Name

BACHE' & HORN ENTERPRISES, INC.

Principal Place of Business

Mailing Address

4140 LAKE WORTH RD.
LAKE WORTH FL 33461

4140 LAKE WORTH RD.
LAKE WORTH FL 33461

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

FILED

04 FEB 13 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04



02/12/04--01005--021 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

03/27/1996

5. FEI Number

65-0657309

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	4 City / State / Zip
D	HORN, TIMOTHY R	338 CORNELL DRIVE	LAKE WORTH FL
D	BACHE', REBECCA C	9604 EL CLAIR RANCH ROAD	BOYNTON BEACH FL

700023750317
10/13/03--01065--015 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

STEDMAN, KAREN E
3931 RCA BLVD.
SUITE 3101
PALM BEACH GARDENS FL 33410

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. or 617.0505, F.S.

Signature of
Registered Agent

Karen E Stedman
REGISTERED AGENT MUST SIGN

Date

2/9/04

11. 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:

Rebecca Bache
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/03
Date

561 965-9635
Daytime Phone #

CR20040 (7/03)



January 27, 2004

FLORIDA DEPT. OF STATE
DIV. OF CORP.
PO BOX 6327
TALLAHASSEE, FL 32314

To Whom It May Concern:

I am requesting to be reinstated, I am sending the reinstatement form and I am also sending the fee of \$150.00 for each of our corporation for the year of 2004.

The two corporations documents are: P93000053254 and P96000026893.

Thank you for your attention on this matter.

Sincerely,

Timothy R. Horn