

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG 14 PM 3:41

DOCUMENT # **P96000044836**

1. Corporation Name

Boles Servicing Co., Inc.

2. Principal Office Address

3701 Devonshire Dr.

Suite, Apt. #, etc.

City & State

Holiday, FL

Zip

34691-1206

County

Pasco

3. Mailing Office Address

3701 Devonshire Dr.

Suite, Apt. #, etc.

City & State

Holiday, FL

Zip

34691-1206

County

Pasco

REINSTATEMENT

98-01

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

May 28, 1996

5. FEI Number

no employees

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

Wm. O. "Rusty" Boles, Jr.

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

3701 Devonshire Dr.

Suite, Apt. #, Etc.

City

Holiday

State

FL

Zip Code

34691

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

Wm O Rusty Boles Jr

REGISTERED AGENT MUST SIGN

Date

8-9-2001

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
D	Wm O "Rusty" Boles Jr.	3701 Devonshire Dr.	Holiday, FL, 34691

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 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:

Wm O Rusty Boles Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-9-2001

Daytime Phone #

CR2E081 (9/00)