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
99 FEB 18 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000035396

1. Corporation Name
BELT BUDDY, INC.

Principal Place of Business
11645 CHEMSTRAND RD.
PENSACOLA, FL 32514

Mailing Address

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 4-18-97

5. FEI Number: 59-3457343 | 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PVP D	WENDELL E. HART	2109 PAULINE ST.	CANTONMENT, FL 32533
ST D	JERRY ABERNATHY	1237 TECUMSEH TRAIL	PENSACOLA, FL 32514
D	KEN SHELBY	10272 SUGAR CREEK DR.	PENSACOLA, FL 32514

FLORIDA PROFILE --- 5
-02/19/99--01170--001
****150.00 ****150.00

8. Name and Address of Current Registered Agent
WENDELL E. HART
2109 PAULINE ST
CANTONMENT, FL 32533

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc
City | State FL | Zip Code

CR2E040 (1-98)

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: Wendell E. Hart
REGISTERED AGENT MUST SIGN
Date: 11/30/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: Wendell E. Hart WENDELL E. HART
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/98
Date

(850)937-8080
Daytime Phone #