

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV -3 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000069826

1. Corporation Name

BOTTIGER'S ENTERPRISES, INC.

2. Principal Office Address

6935 Wachula Rd

Suite, Apt. #, etc.

City & State

Myakka City, FL

Zip

34251

Country

Manatee

3. Mailing Office Address

P O Box 20481

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

34203

Country

Manatee

**REINSTATEMENT** 03

4. Date Incorporated or Qualified

To Do Business in Florida 8-15-97

5. FEI Number

65-0771697

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

August V Bottiger III

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

6935 Wachula Rd

Suite, Apt. #, Etc.

City

Myakka City

State  
FL

Zip Code  
34251

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

*August V Bottiger III*  
REGISTERED AGENT MUST SIGN

Date 10/31/03

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
PSTD	August V Bottiger III	6935 Wachula Rd	Myakka City FL 34251

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:

*August V Bottiger III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/03

Date

Daytime Phone #

941-745-2343

CR2E081 (10/02)