

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -8 PM 12:54

DOCUMENT # P97000098650

1. Corporation Name

B V MANUFACTURING, INC.

Principal Place of Business

12950 58TH ST. N. UNIT 16
CLEARWATER FL 33780

Mailing Address

12950 58TH ST. N. UNIT 16
CLEARWATER FL 33780

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		4. Date Incorporated or Qualified To Do Business in Florida 11/17/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3477205	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
P	WARNCIK, ROBERT E	8072 82ND AVENUE NORTH	SEMINOLE FL 33777
VP	NAVE, VALERIE R	8072 82ND AVENUE NORTH	SEMINOLE FL 33777

8. Name and Address of Current Registered Agent

WARNICK, ROBERT E
8072 82ND AVE. N.
SEMINOLE FL 33777

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

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

Robert E Warnick
REGISTERED AGENT MUST SIGN

Date

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:

Robert E Warnick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AD

11-3-99

TO WHOM IT MAY CONCERN,
THIS IS THE FIRST FULL YEAR OUR COMPANY HAS BEEN A CORPORATION. WE ARE NOT FAMILIAR AT ALL WITH STATE REQUIREMENTS. WHEN WE RECEIVE ANYTHING WE GIVE IT TO OUR ACCOUNTANT AND THEY HANDLE IT. WE DO NOT REMEMBER RECEIVING A REQUEST TO FILL OUT AN ANNUAL REPORT NOR DOES OUR ACCOUNTANT. EVEN IF WE DID RECEIVE IT, IT IS ONLY DUE TO OUR IGNORANCE THAT IT WASN'T TAKEN CARE OF. I SPOKE TO ONE OF YOUR REPRESENTATIVES AND THEY INSTRUCTED US TO WRITE THIS LETTER EXPLAINING WHAT HAPPENED, FILL OUT THE REINSTATEMENT FORM, AND ENCLOSE \$150.00. PLEASE ACCEPT THIS AMOUNT AND UNDERSTAND OUR IGNORANCE THIS TIME. IT'S NOT LIKE WE JUST DIDN'T PAY IT OR JUST PUT IT ASIDE, WE REALLY DID NOT KNOW WHAT TO DO IF WE DID RECEIVE IT. AGAIN WE WOULD APPRECIATE WHATEVER YOU COULD DO AND APPRECIATE GREATLY YOUR UNDERSTANDING. IF YOU HAVE ANY QUESTIONS PLEASE FEEL FREE TO CALL OR FAX.

FAX - 727-536-8950
PHONE - 727-536-1400
BV MANUFACTURING, INC.
ROBERT WARNICK

Robert E Warnick