

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY -4 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P97000108759*

1. Corporation Name

B & T of Palm Beach County, INC.

2. Principal Office Address

950 Shell Harbor Rd

Suite, Apt. #, etc.

Suite 100

City & State

Pierson, FL

Zip

32180

Country

USA

3. Mailing Office Address

950 Shell Harbor Rd

Suite, Apt. #, etc.

Suite 100

City & State

Pierson, FL

Zip

32180

Country

USA

REINSTATEMENT

03-05

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/97

5. FEI Number

65-0752093

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

Thomas W. Winegardner

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

950 Shell Harbor Rd

Suite, Apt. #, Etc.

City

Pierson

State

FL

Zip Code

32180

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

Thomas W. Winegardner

REGISTERED AGENT MUST SIGN

Date *28 Apr 05*

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
<i>PD</i>	<i>Winegardner, Barbara A.</i>	<i>950 Shell Harbor Rd</i>	<i>Pierson, FL, 32180</i>
<i>VPP</i>	<i>Winegardner, Thomas W.</i>	<i>950 Shell Harbor Rd</i>	<i>Pierson, FL 32180</i>

360054340783
*05/12/05-01074-005 **450.00*

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:

Thomas W. Winegardner *28 Apr 05* *(386) 749-1683*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/11/05

2/2

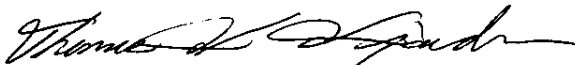
28 April 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find my Corporation Reinstatement form along with my check for \$450.00. As per my phone conversation on this day, 28 April 2005, with your office, I am reinstating for the years 2003, 2004, and this year 2005. I did not receive the notices in the mail and I am requesting for you to please waive the penalty fees. Thank-you for your time.

Sincerely,



Thomas W. Winegardner
B & T of Palm Beach County, Inc.
Doc #P97000108759
FEI #65-0752093
950 Shell Harbor Rd.
Pierson, FL 32180
Phone: (386)749-1683