

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000013484**

1. Corporation Name

BUSINESS MANAGEMENT OPTIONS, INC.

Principal Place of Business

12412 101 SAN JOSE BLVD
JACKSONVILLE FL 32223

Mailing Address

11832 PEGASUS DRIVE
JACKSONVILLE FL 32223

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

02/03/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3484021

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 3	City / State / Zip 4
PD	CARROLL, THOMAS P	12412 SAN JOSE BLVD #101	JACKSONVILLE FL 32227

500023981835
10/21/03--01118--005 **158.75

8. Name and Address of Current Registered Agent

CARROLL, THOMAS P
11832 PEGASUS DRIVE
JACKSONVILLE FL

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/14/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/9/03

CR2040 (7/03)

Monday, October 13, 2003

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

Re: Business Management Options, Inc.
12412-100 San Jose Blvd.
Jacksonville, Fl. 32223
Document # P98000013484
FEI # 59-3484021

Please accept the enclosed check for \$158.75 as fee to keep the corporation; Business Management Options, Inc. active in the state of Florida. I do recall receiving one notice, I remember thinking we would dissolve the corporation. I do not believe that I received two notices, therefore I never sent it in.

My intentions at this time are to keep the corporation active. If you can not do so without charging the \$600.00 penalty fee then I will ask that you return my check. This corporation has no assets etc... as of date. We would like to keep the name if it can be approved for the fee of \$158.75.

Thank you in advance for your understanding in this matter.

Sincerely,



Thomas P. Carroll
Business Management Options, Inc.

TC/cw