

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # **P98000016840**

1. Corporation Name

BARTLETT TOWING, INC.

Principal Place of Business

Mailing Address

4209 N. ORANGE BLOSSOM TRAIL
ORLANDO FL 32804

4209 N. ORANGE BLOSSOM TRAIL
ORLANDO FL 32804

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/19/1998

5. FEI Number

59-3494732

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BARTLETT, JOSEPH	4209 N. O.B.T.	ORLANDO FL 32804
			200003496732--1
			-12/12/00--01036--002
			***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARTLETT, JOSEPH D
4209 N. ORANGE BLOSSOM TRAIL
ORLANDO FL 32804

Name

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

Suite, Apt. #, Etc.

City

State

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-20-00

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-00

Date

407-396-6993

Daytime Phone #

FILED

00 NOV 20 PM 3: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR20040 (800)

Bartlett Towing, Inc.
4209 North Orange Blossom Trail
Orlando, FL 32804-2769
(407) 296-6993

202

P98-
16840

October 23, 2000

Via Certified Mail, Return Receipt Requested

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS
409 East Gaines Street
Tallahassee, FL 32399

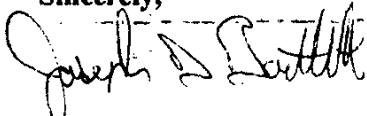
Re: Document # P98000016840

Dear Ms. Harris:

I received your Application for Reinstatement of my corporation. I had not received any prior forms regarding re-filing until October 19, 2000, although I was informed that supposedly two separate forms were sent (but not received) earlier in the year. Therefore, the Reinstatement Application could not be submitted before the due date.

Please contact me, via certified mail or telephone call, to resolve this issue.

Sincerely,



Joseph D. Bartlett

JDB/pkl

cc: File