

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000031615

1. Corporation Name

THE FLORIDA BUG DR. INC.

2. Principal Office Address

313 RIVERSIDE DR

Suite, Apt. #, etc.

City & State

WAUCHULA, FL

Zip

33873

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/03/1998

5. FEL Number

59-3502888

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

WHITE, JOHN M.

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

313 RIVERSIDE DR

Suite, Apt. #, Etc.

City

WAUCHULA

State

FL

Zip Code

33873

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

John M. White

REGISTERED AGENT MUST SIGN

Date

10/16/06

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	WHITE, JOHN M.	313 RIVERSIDE DR	WAUCHULA, FL 33873
V	WHITE, SHERRY R	313 RIVERSIDE DR	WAUCHULA, FL 33873

700081148307
10/24/06--01022--015 **\$600.00

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 contained in Chapter 119, 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:

John M. White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/06

Daytime Phone #

(863) 773-6768

FILED

06 OCT 19 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-06

Manley & Associates, CPA's, P.A.

203 South Seventh Avenue, Wauchula, Florida 33873
863.773.6768 Fax: 863.773.4578

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Certified Public Accountants

October 16, 2006

Florida Department of State
P O Box 6327
Tallahassee, FL 32314

Dear sir or madam,

Attached is a reinstatement form for The Florida Bug Dr. Inc.

This corporation was dissolved a few years ago. The officers never got the form to continue the status of the corporation. This was due to the relocation of the office several times since 2003 due to damage from hurricanes and other reasons. The administrative dissolution was caused by difficult circumstances surrounding these relocations. It was an innocent oversight by the officer.

We respectfully request the form be accepted and the corporation be reinstated since the lapse was due to an innocent oversight of the officers.

Thank you for your cooperation in this matter.

Sincerely yours,



Michael D. Manley