

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
WBF
Division of Corporations

FILED

03 FEB 29 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000032295

1. Corporation Name

BUBBLES, INC.

Principal Place of Business

252 N. TYNDALL PARKWAY
PANAMA CITY FL 32404

Mailing Address

252 N. TYNDALL PARKWAY
PANAMA CITY FL 32404



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

04/08/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3507824

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
D	SANDERS, BRIAN A	252 N. TYNDALL PARKWAY	PANAMA CITY FL 32404
D D	SANDERS, BRENDA Sanders, Brenda <i>okay</i>	252 N. TYNDALL PARKWAY	PANAMA CITY FL 32404
			800011630988 02/03/03--01107--013 **150.00
			800011630988 02/19/03--01067--007 **150.00

8. Name and Address of Current Registered Agent

SANDERS, BRIAN
252 N. TYNDALL PARKWAY
PANAMA CITY FL 32404

9. Name and Address of New Registered Agent

Name Brenda Sanders
Street Address (P.O. Box Number is Not Acceptable)
252 N. Tyndall PKwy
Suite, Apt. #: Etc.
City Panama City State FL Zip Code 32404

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

Brenda Sanders **SIGNATURE REQUIRED**

Date

1-28-03

REGISTERED AGENT MUST SIGN

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:

Brenda Sanders **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-28-03 850-913-0400

Daytime Phone #

DO NOT DETACH!

2052

1-28-03

Bubbles Inc

P98000032295

Please waive penalties on filing,
previous forms were not received
by me. My son was sick
last year and passed away
10-15-02. I do not know
where the other forms ended
up.

Thank you

Bubble Inc.

Brenda Sanders

Pres.