

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P98000040421**

1. Corporation Name

BOUGAINVILLEA INCORPORATED

Principal Place of Business

Mailing Address

~~WALKER LANSING~~ **ZABRISKIE**
6 VIA PARIGI
PALM BEACH FL 33480
US

~~WALKER LANSING~~ **ZABRISKIE**
6 VIA PARIGI
PALM BEACH FL 33480
US

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

05/05/1998

5. FEI Number

22-3617386

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ZABRISKIE, JOHN	6 VIA PARIGI	PALM BEACH FL 33480

600031371426
03/30/04--01021--016 ***300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ZABRISKIE, JOHN
~~WALKER LANSING~~ **ZABRISKIE**
6 VIA PARIGI
PALM BEACH FL 33480

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

3/25/04

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

4/5/04 Sld 651 7442

Daytime Phone #

FILED

04 APR -7 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03-04

CR2040 (7/03)



March 25, 2004

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

RE: Bougainvillea Incorporated, DBA Walker Zabriskie

To Whom It May Concern:

It was suggested to me by one of your agents to write to you about the reinstatement of the above listed corporation.

We did not receive the Uniform Business Report and therefore did not know that there was any payment/filing to be done.

I have enclosed a check for \$300.00 per the agent in your office for the reinstatement of the corporation for 2003 and 2004.

Thank you for your kind assistance.

Sincerely,

John Walker Zabriskie
Bougainvillea Incorporated
DBA Walker Zabriskie

WALKER ZABRISKIE
original asian objects

PALM BEACH

SOUTHAMPTON