

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P98000061392**

1. Corporation Name

**BOTTOM LINE MARKETING OF DAYTONA BEACH, INC.**

Principal Place of Business

Mailing Address

530 TYMBER CREEK ROAD  
ORMOND BEACH FL 32174

530 TYMBER CREEK ROAD  
ORMOND BEACH FL 32174

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

*[Handwritten signature]*

99 DEC -8 PM 4:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT 1999**

4. Date Incorporated or Qualified  
To Do Business In Florida

07/09/1998

5. FEI Number

59-3521811

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
D	GREEN, JOHN L	530 TYMBER CREEK ROAD	ORMOND BEACH FL 32174
D	DAVIS, KIMBERLY K	530 TYMBER CREEK ROAD	ORMOND BEACH FL 32174
			000003071420--8 -12/15/99-01078-004 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FRIEBIS, DANIEL S  
3890 TURTLE CREEK DRIVE #B-1  
PORT ORANGE FL 32127

Name

Sharon McGee Brockenbrough

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

883 W Granada Blvd

Suite, Apt. #, Etc.

City

Ormond Beach

State

FL

Zip Code

32174

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

*[Handwritten signature of Sharon McGee Brockenbrough]*

Date 12.2.99

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:

*[Handwritten signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #