

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 NOV 18 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000001156

1. Corporation Name

B. PARTNERS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

7600 VETERANS PARKWAY
SUITE E
COLUMBUS GA 31909

PO BOX 8213
COLUMBUS GA 31908

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

01/06/1999

5. FEI Number

58-2442211

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	MERRELL, BARRON L JR	254 CASCADE RD.	COLUMBUS GA 31904

600024805016
11/18/03--01055--003 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEVINE, MARK S
245 E. VIRINIA ST.
TALLAHASSEE FL 32301

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

Please
Sign Here

REGISTERED AGENT MUST SIGN

Date

11/14/03

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.

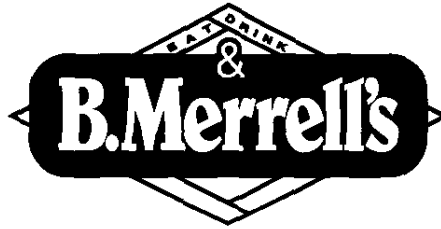
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)



November 4, 2003

Florida Department of State
Divisions of Corporations
Annual Report/Reinstatement Section
Post Office Box 6327
Tallahassee, Florida 32314-6327

Attn: Glenda E. Hood,
Secretary of State

Dear Ms. Hood,

Please be advised that we did not receive a notice to file our annual report for our corporations. We have two in the state of Florida: B. Merrell's of Florida, Inc. and B. Partners of Florida, Inc.

We attempt to be most diligent with all our paper work and reporting in Florida. However, to the best of our knowledge. These documents were never received.

As director for all our corporations, we would like to have them reinstated in your state with the penalties waived.

We enjoy doing business in Florida and hope to rectify any delinquencies that are present. If you have any questions, please contact our corporate office in Columbus, Georgia. Our telephone number is 706-321-8250.

Thanks again.

Sincerely,

Barron L. Merrell, Jr.
Director
B. Merrell's of Florida, Inc.
B. Partner's of Florida, Inc.
B. Merrell's, Inc.
Dunkin Donuts