

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 30 AM 11:56

DOCUMENT # **P99000005046**

1. Corporation Name

GEOFFREY D.M. BOURNE, INC.

Principal Place of Business

6530
6700 E. ROGERS CIRCLE
BOCA RATON FL 33487

Mailing Address

6530
6700 E. ROGERS CIRCLE
BOCA RATON FL 33487

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
6530 E. ROGERS CIRCLE
City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
6530 E. ROGERS CIRCLE
City & State

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/04/1999

5. FEI Number

65-0893703

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	GEOFFREY D.M. BOURNE	6700 E. ROGERS CIRCLE 6530	BOCA RATON FL 33487
			500003463505--7 -11/15/00--01005--017 ***1500.00 ****750.00

8. Name and Address of Current Registered Agent

WARD, ZENORA K CPA
5725 CORPORATE WAY
SUITE 206
WEST PALM BEACH FL 33407

9. Name and Address of New Registered Agent

Name
GEOFFREY D. M. BOURNE
Street Address (P.O. Box Number is Not Acceptable)
6530 E. ROGERS CIRCLE
Suite, Apt. #, Etc.
;
City
BOCA RATON
State
FL
Zip Code
33487

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

26 Oct 00

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEOFFREY D. M. BOURNE

Date

Daytime Phone #

24 Oct

561988 1676

CR2E040 (8/00)