

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P99000024553

1. Corporation Name

BURCAW PROPERTIES, INC.

FILED

00 NOV 30 PM 10:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

6015 BENJAMIN RD., STE. 320
TAMPA FL 33634

6015 BENJAMIN RD., STE. 320
TAMPA FL 33634

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

2. New Principal Office Address, If Applicable

238 E. Davis Blvd.

Suite, Apt. #, etc.

207 Suite

City & State

Tampa, FL

Zip

33606

Country

USA

3. New Mailing Office Address, If Applicable

238 E. Davis Blvd.

Suite, Apt. #, etc.

Suite 207

City & State

Tampa, FL

Zip

33606

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/16/1999

5. FEI Number

59-3567868

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
SID VID PLVID	Amy E. Burcaw	15703 Richboro Court	Tampa, FL 33647
			300003499683--2
			-12/13/00--01065--009
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

MOHIP, AMINIE-ESQ.
234 E. DAVIS BLVD.
TAMPA FL 33606

9. Name and Address of New Registered Agent

Name

Amy E. Burcaw

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

15703 Richboro Court

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33647

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

10/31/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Amy E. Burcaw

Date

10/31/00

Daytime Phone #

813-250-0956

KE

CR2040 (8/00)

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BURCAW
PROPERTIES, INC.

October 31, 2000

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: BurcaW Properties, Inc.
59-3567868

To Whom It May Concern:

I am sending in the reinstatement form I recently received for the above referenced company. Since I incorporated in March 1999, I have moved and this is the first piece of mail I had received through mail forwarding regarding the annual report.

I am writing to respectfully request a waiver of the reinstatement fee as instructed to do by a representative of your office. This is my first year in business and I was not accustomed to having to file an annual report or the deadlines involved. Since I did not receive the report to fill out in the mail due to my change of address, there was nothing to trigger me as a reminder of this important filing.

I know that once this report is filed, I will be able to receive all documentation regarding my corporation on a timely basis and can assure you that I will meet all future deadlines. Thank you for consideration of my request.

Sincerely,

BURCAW PROPERTIES, INC.

Amy BurcaW