

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

03 JUL 17 PM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000024553

1. Corporation Name

BURCAW PROPERTIES INC

2. Principal Office Address

6402 W LINEBAUGH AVE

3. Mailing Office Address

6402 W LINEBAUGH

Suite, Apt. #, etc.

SUITE A

Suite, Apt. #, etc.

SUITE A

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33625

Country

USA

Zip

33625

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/17/1999

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. Name and Address of Current Registered Agent

Name

DONNA J. FELDMAN, PA

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

19321-C US HWY 19 N

Suite, Apt. #, Etc.

SUITE 103

City

CLEARWATER

State

FL

Zip Code

33764

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

7/11/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	AMY E BURCAW	1915 REBECCA RD	LUTZ FL 33549

10. 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

7/8/03

Date

813-882-3808

Daytime Phone #

CR2E081 (10/02)

Burcaw Properties, Inc.

6402 W. Linebaugh Avenue
Suite A
Tampa, Florida 33625
(813) 882-4815 Phone
(813) 882-3808 Fax
amy@burcawinc.com

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July 9, 2003

Florida Dept. of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom it May Concern:

Please find enclosed the completed reinstatement form for Burcaw Properties, Inc.
Document # P99000024553.

Due to changes in mailing addresses we did not receive any annual paperwork from the Dept. of State since our last recorded filing. It has come to our attention that our corporate status has been changed to inactive as a result.

Please find enclosed the completed reinstatement forms and a check in the amount of \$300.00 to rectify this situation. Once reinstated we will be submitting any missing annual Uniform Business Reports, bringing this file current.

Amy E. Burcaw
President