

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 JUN 15 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 99900030163

1. Corporation Name

Boulder Rock Enterprises, Inc.

2. Principal Office Address - No P.O. Box #

5 Boulder Rock Dr

Suite, Apt. #, etc.

Suite D

City & State

Palm Coast, FL

Zip

32137

Country

USA

3. Mailing Office Address

5 Boulder Rock Dr

Suite, Apt. #, etc.

Suite D

City & State

Palm Coast, FL

Zip

32137

Country

USA

CR2E081 (11/10)

4. Date incorporated or Qualified -
To Do Business in Florida

04/01/1999

5. FEI Number
59-3570360

☐ 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

Richard D. Brock

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

501 Riverside Avenue

Suite, Apt. #, Etc.

Suite 800

City

Jacksonville

State

FL

Zip Code

32207

000234912360
06/15/12--01040--012 **150.00

000234912360
05/10/12--01005--006 **750.00

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

Richard D. Brock **R.D.B.**

Date

4-26-12

REGISTERED AGENT MUST SIGN

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 | Jill L. Picciano | 1 Magnolia Dr N | Ormond Beach, FL 32174 |
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| | | | |

REINSTATEMENT

11-12

JUN 18 2012

T. SCOTT

10. E-mail Address: **RBROCK@THELBAGROUP.COM**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Jill L. Picciano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-26-12 386 437-1970

Daytime Phone #