

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 OCT 26 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P99000092239

1. Corporation Name

B & S INCORPORATED

Principal Place of Business

4730 NORWOOD AVE  
JACKSONVILLE FL 32206

Mailing Address

4730 NORWOOD AVE  
JACKSONVILLE FL 32206

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

2. New Principal Office Address, If Applicable

5837 Copper Creek Dr.

Suite, Apt. #, etc.

City & State  
Jacksonville, Fla.

Zip 32218 Country U.S.

3. New Mailing Office Address, If Applicable

6999-02 Merrill Rd

Suite, Apt. #, etc.

City & State  
Jacksonville, Fla.

Zip 32277 Country U.S.

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

10/20/1999

5. FEI Number

☒ 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	BAXTER, KEVIN	<del>6999-02 MERRILL RD PMB 295</del> 5837 Copper Cr. Dr.	JACKSONVILLE FL <del>32218</del> 32218
VD	SIMS, CARLOS	<del>6999-02 MERRILL RD PMB 295</del> 5837 Copper Creek Dr.	JACKSONVILLE FL <del>32218</del> 32218

100003463481--5  
-11/15/00--01008--003  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

~~ROLLE, WADE M~~  
~~4730 NORWOOD AVE~~  
~~JACKSONVILLE FL 32206~~

9. Name and Address of New Registered Agent

Name  
KEVIN D. BAXTER  
Street Address (P.O. Box Number is Not Acceptable)  
5837 Copper Cr. Dr.  
Suite, Apt. #, Etc.  
City  
JACKSONVILLE  
State  
FL  
Zip Code  
32218

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 10/17/2000

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.

KE

SIGNATURE:

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

10/17/2000 (904) 765-6843  
Date Daytime Phone #