

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *page 1 of 2*

APPLICATION  
FOR



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

FILED

00 OCT 20 PM 4:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000103007**

1. Corporation Name

**BUGALOO, INC.**

Principal Place of Business

3315 PINEWALK DRIVE NORTH, #109  
MARGATE FL 33063

Mailing Address

3315 PINEWALK DRIVE NORTH, #109  
MARGATE FL 33063



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

11/22/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

650969912

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
DP	HENRIQUEZ, DAVID	3315 PINEWALK DR. NORTH, #109	MARGATE FL 33063
VPSD	CUERVO, MARISOL	3315 PINEWALK DRIVE NORTH, #109	MARGATE FL 33063
			900003448049--2
			-11/02/00--01009--001
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KATARI, KIMBERLY L  
1499 W. PALMETTO PARK RD.  
SUITE 412  
BOCA RATON FL 33486

Name

DAVID HENRIQUEZ

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

3315 PINEWALK DRIVE N #109

Suite, Apt. #, Etc.

City

MARGATE

State

FL

Zip Code

33063

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]* **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

10/16/2000

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.

SIGNATURE:

*[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/2000

Date

Daytime Phone #

954-346-7014

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BUGALOO, INC.  
3315 PINEWALK DR N #109  
MARGATE, FL 33063

October 16, 2000

Dear Department of States:

My name is David Henriquez. My wife and I are director of Bugaloo, Inc.

Today, we received a Notice of Administrative Dissolution of our company. I didn't Understand this, so I called the attorney who filed the paper for me.

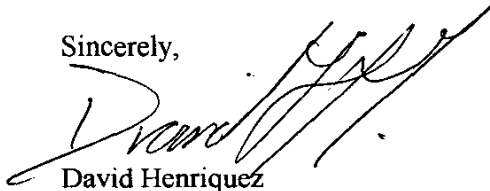
This paper was the first and only thing that I ever received from the Department of States.

I never was mailed any other forms. My company was filed in November of 1999. We filed an Amendment to our Articles of incorporation in July of this year. We never received any notices from your office for annual report to be filed. Just this notice of dissolution. My attorney said that nothing came to her office either.

I was told to send you the regular fee of \$ 150.00 and this latter of explanation along with my completed form. Please reinstate my corporation and let me know why I am not receiving paper that I was supposed to complete. I do not want this happen again next year.

Thank you very much. If you would like to speak with me , my telephone number is 954-346-7014

Sincerely,



David Henriquez  
Presidet  
BUGALOO, INC