

10/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 16 PM 4:07

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000103955

1. Corporation Name

BLOOMFIELD MANOR, INC

W0600019918

REINSTATEMENT 09-06

CR2E081 (12/05)

2. Principal Office Address

2774 WESLEYAN DRIVE

3. Mailing Office Address

2774 WESLEYAN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL

City & State

PALM HARBOR, FL

Zip

34684

Country

PINELLAS

Zip

34684

Country

PINELLAS

4. Date Incorporated or Qualified
To Do Business in Florida

11-29-1999

5. FEI Number

593609386

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

HAIFA HARB, OWNER

600075655386

06/02/06--01006--009 **450 00

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

2774 WESLEYAN DRIVE

Suite, Apt. #, Etc.

City

PALM HARBOR

State
FL

Zip Code

34684

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 May 12, 2006

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
OWNER	HAIFA HARB	2774 WESLEYAN DRIVE	PALM HARBOR, FL 34684

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 12, 2006

Date

Daytime Phone #

(813) 792-7449

242

TO THE DEPARTMENT OF STATE ,

4-18-2006

I'M WRITING YOU IN ORDER TO GET MY BUSINESS REINSTATED , I NEVER RECIVED MY ANNUAL REPORTS FROM YOU TO FILE I HAVEN'T RECIVED ONE FOR A LONG TIME , PLEASE IF POSSIBLE I WOULD LIKE TO REINSTATE BLOOMIFELD MANOR INC. SINCE I DIDN'T RECIVE THE ANNUL REPORTS I'M ASKING IF ITS POSSIBLE TO WAIVE THE FEE'S PLEASE, I'M ENCLOSING THE FEE OF \$450 FOR THE YEARS 2004, 2005 AND 2006 . I HOPE U CAN HELP ME .

BLOOMFIELD MANOR INC

DOCUMENT NUMBER # P99000103955

2774 WESLEYAN DR

PALM HARBOR , FLORIDA 34684

(727) 787-8706

THANK YOU
HAIFA HARB