

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

2000BE

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

1. Corporation Name

P99000107680

BT B Liquid FEED INC. FEI# 65-1007647

2. Principal Office Address

501 ESC. AVE.

Suite, Apt. #, etc.

City & State

JAY FL.

Zip

32565

Country

SR

3. Mailing Office Address

P.O. Box 214

Suite, Apt. #, etc.

City & State

JAY FL.

Zip

32565

Country

SR

300003463633--9

-11/15/00--01013--013

****150.00 ****150.00

4. Date Incorporated or Qualified
To Do Business in Florida

12-8-99

5. FEI Number

65-1007647

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

DONNIE BOUTWELL

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

501 ESCAMBIA AVE P.O. Box 214

Suite, Apt. #, Etc.

City

JAY

State

FL

Zip Code

32565

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

Donnie Boutwell

REGISTERED AGENT MUST SIGN

Date

10-20-00

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
S/D & O P/N/D/T	DONNIE BOUTWELL	501 ESC. AVE	JAY FL. 32565

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., the 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:

Donnie Boutwell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-20-00

Daytime Phone #

CR2001 (9/99)

20f2

October 25, 2000

Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Upon requesting a copy of my corporation verification, I was notified that my reinstatement paperwork had not been completed and returned to your office. I was not aware that any renewal paperwork had been sent to me. According to your office, the paperwork was sent to my home address at 501 Escambia Avenue, Jay, Florida. Unfortunately, we do not receive mail at this address. We receive mail at our Post Office Box 214. If the letter arrived at the Post Office addressed to me at 501 Escambia Avenue the Post Office would have returned the letter to your office. They will not place mail in a Post Office Box unless the Post Office Box is indicated on the letter. This can be verified with the Post Office in Jay.

As a new corporation, established on December 8, 1999, I was not aware of all the requirements of a new corporation. I thought I had completed everything that is required for certification; therefore, I do not believe I should have to pay the late penalty for reinstatement.

Thank you for considering this request.

Sincerely yours,

Donald Boutwell, Owner
B&B Liquid Feed, Inc.