

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 1 of 2

CORPORATION
REINSTATEMENT



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

FILED

02 MAY 22 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P99000110157

1. Corporation Name

Norm's Bobcat Service, Inc

2. Principal Office Address

10421 151ST Lane N

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Jupiter, FL

City & State

Zip

33478

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12-20-1999

5. FEI Number

65-0992661

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

2000-2002 UBR

7. Name and Address of Current Registered Agent

Name

Norman Kearns

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

10421 151ST Lane N

Suite, Apt. #, Etc.

City

Jupiter

State

FL

Zip Code

33478

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

Norman Kearns

REGISTERED AGENT MUST SIGN

Date 4-28-02

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
P	Norman Kearns	10421 151 ST Lane N	Jupiter, FL 33478

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 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.

Norman Kearns, Pres

SIGNATURE:

Norman Kearns

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-02

Date

561-7580674

Daytime Phone #

CR2E031 (8/00)

~ Janet Kearns, EA ~

10421 151st Lane N.
Jupiter, FL 33478
744-3051 or 758-0674

April 29, 2002

Florida Department of State
Division of Corporations
Tallahassee, FL

RE: Norm's Bobcat Service
Doc number P99000110157

Request for Reinstatement

We are submitting a check in the amount of \$300.00 for 2001 and 2002 and respectfully request a waiver of further fees for reinstating the above corporation. Due to a death in the family, annual reports were lost. As we have now reorganized the company we would like to ask for this reinstatement and waiver so we can bring all filings and requirements up to date. Any consideration you can give us in this matter would be greatly appreciated.

Sincerely,

Norman Kearns

Norman Kearns
President