

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB 16 AM 10:52

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S44299

1. Corporation Name

BUSINESS OWNERS MANAGEMENT
SERVICE COMPANY

2. Principal Office Address

250 E. PARK AVENUE

Suite, Apt. #, etc.

City & State

LAKE WALES, FL

Zip

33853

Country

POLK

3. Mailing Office Address

P.O. BOX 2338

Suite, Apt. #, etc.

City & State

LAKE WALES, FL

Zip

33859

Country

POLK

REINSTATEMENT 04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

04/10/1991

5. FEI Number

59-3061821

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

TULA MICHELE HAFF, ESQUIRE

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

3399 CYPRESS GARDENS ROAD

Suite, Apt. #, Etc.

SUITE C

City

WINTER HAVEN

State

FL

Zip Code

33884

330066382848
02/22/06--01026--006 **1090.00

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

Tula Michele Haff
REGISTERED AGENT MUST SIGN

Date

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 |
|--------|--------------------------------------|---|----------------------|
| PD | THOMAS B. RUMFELT | 250 E. PARK AVENUE | LAKE WALES, FL 33853 |
| D | H. DANIEL SHAW | 250 E. PARK AVENUE | LAKE WALES, FL 33853 |
| S | HELENE M. BRADLEY | 250 E. PARK AVENUE | LAKE WALES, FL 33853 |
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Helene Bradley

Date

2/9/06

Daytime Phone #