PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02-03

DOCUMENT # S73708

FILED
03 MAR -3 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

BOLDING & COMPANY, INC.

Principal Place of Business	Mailing Address
212 HARBOR PLACE GOODLAND FL 34140 US	PO BOX 116 GOODLAND FL 34140 US

300010975153
01728/03--01020--011 **150.00

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/14/1991

5. FEI Number: 54-1596106 ☐ Applied For ☐ Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PST	FRANKLIN, MICHAEL	501 E COCONUT AVENUE	GOODLAND FL 34140

300010975153
03/03/03--01076--011 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
COUTURE, CRAIG ~~50 BALD EAGLE DRIVE~~ MARCO ISLAND FL 34145	Name: COUTURE CRAIG Street Address (P.O. Box Number is Not Acceptable): 1112 1/2 N. COLLIER BLVD. Suite, Apt. #, Etc.: City: Marco Island State: FL Zip Code: 34145

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Date: 12-6-02
REGISTERED AGENT MUST SIGN

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 REQUIRED 12-6-02 (239) 642-3338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Village Inn Motel

Debbie & Mike Franklin
Owners

212 Harbor Place
P.O. Box 116
Goodland, FL 34140
(941) 642-3338 Day
(941) 642-9793 Night

C/O; The Department of State

To Whom It may concern,

At the time of delivery of the Corporation renewal form, the address of our Registered Agent had changed As well as the main address of the Corporation, which I believe is the reason we did not receive our Renewal form on time. To my knowledge there were no prior forms delivered to either of these addresses.

Our Corporation address was 649 Century Court, Marco Island, Florida, 34145. And now is 212 Harbor Place, Goodland, Florida, 34140.

The prior address of our Registered agent was, 50 Bald Eagle Drive, Marco Island, Florida, 34145. And Now is 1112 ½ N. Collier Blvd., Marco Island, Florida, 34145.

I hope you will take this into consideration and accept the original $150.00 renewal fee. Thank you so Much.

Sincerely,

Michael Franklin
President
Bolding and Co. Incorporated