

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -7 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 454396

1. Corporation Name

BROOKS E. PENDER INC.

900024510799
11/07/03--01062--002 **750.00

2. Principal Office Address

100 WINONA CIR

Suite, Apt. #, etc.

3. Mailing Office Address

100 WINONA CIR

Suite, Apt. #, etc.

City & State

AUBURNDALE FL

Zip

Country

33823

City & State

AUBURNDALE, FL

Zip

Country

33823

4. Date Incorporated or Qualified
To Do Business in Florida

6/10/1974

5. FEI Number

591547864

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

JOHN C. TRENTLEMAN

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

207 N. MAGNOLIA AVE

Suite, Apt. #, Etc.

City

DCALA

State

FL

Zip Code

34475

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

Date 11-8-03

REGISTERED AGENT MUST SIGN

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
ST	PENDER, LYNDA M.	100 WINONA CIR.	AUBURNDALE, FL 33823
P	PENDER, BROOKS E.	100 WINONA CIR.	AUBURNDALE, FL 33823

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.

SIGNATURE

LYNDA M. PENDER (LYNDA M. PENDER)

Date

11/3/03 863-965-1334

Daytime Phone #

CR2E081 (10/02)