

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 NOV 26 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 556170

1. Corporation Name

COLE, BRUMLEY & EICHNER, INC.

Principal Place of Business

STATE HIGHWAY 426  
P.O. BOX 205  
GENEVA FL 32732

Mailing Address

STATE HIGHWAY 426  
P.O. BOX 205  
GENEVA FL 32732

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/28/1977

5. FEI Number

59-1790834

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
PT	EICHNER, L. JOHN	131 CYPRESS POINT	ST. SIMONS ISALND GA
VS	EICHNER, LAMBERT G.	963 BOULDER LANE	BERWYN PA
S	EICHNER, BEVERLY (ASST)	963 BOULDER LANE	BERWYN PA
T	EICHNER, JO ANN (ASST)	131 CYPRESS POINT	ST. SIMONS ISLAND GA
			900004736249--7 -12/24/01--01003--018 ***750.00/LS***750.00

8. Name and Address of Current Registered Agent

EICHNER, LAMBERT J.  
COLE, BRUMLEY & EICHNER, INC.  
STATE HWY 426, P.O. BOX 205  
GENEVA FL 32732

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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.

Signature of  
Registered Agent

*Lambert J. Eichner*

REGISTERED AGENT MUST SIGN

Date

11/20/01

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:

*L. John Eichner*  
L. JOHN EICHNER, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/01

Date

Daytime Phone #

912-634-9353

CR20040 (8/01)

COLE  
BRUMLEY  
& EICHNER, INC.

P. O. BOX 205 • GENEVA, FLORIDA 32732 • 305 | 349-5351

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November 20, 2001

To: Secretary of State  
Dept. of State  
P.O. Box 6327  
Tallahassee, Fla 32314

Re: Notice of Administrative Dissolution

Enclosed is a check for \$750.00 to reinstate our  
small citrus farming company.

We did not mail in a check or form in May as  
we usually do because we never received the  
form which the Dept. of State is supposed to send  
us each year.

This \$750.00 penalty is a real hardship on a small  
farmer because of a breakdown in your notification  
system or a failure of the Post Office to deliver the  
forms to us.

We deserve a refund of at least the \$600.00  
reinstatement fee.

Very truly yours  
John Eichner, Pres.