

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 NOV 23 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 656887

1. Corporation Name

BRUIN COURT REPORTING, INC.

Principal Place of Business

Mailing Address

221 PENSACOLA RD.
VENICE FL 34285
US

P. O. BOX 1229
VENICE FL 34284
US



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

4. Date Incorporated or Qualified To Do Business in Florida

02/22/1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1977369

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSD	PAULSEN, NANCY E.	560 PINTO TRAIL	ENGLEWOOD FL

900002700799--7
-12/02/98--01087--021
****558.00 ****558.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PAULSEN, NANCY E.
560 PINTO TRAIL
ENGLEWOOD FL 34223

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/20/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/20/98

941
484-8848
Daytime Phone #

CR2040 (9/98)



Bruin Court Reporting, Inc.

2012

Mailing Address:
POST OFFICE BOX 1229
VENICE, FL 34284-1229

221 Pensacola Road
Venice, FL 34285
(941) 484-8848 • Fax 484-9651

2033 Main Street, Suite 407
Sarasota, FL 34237
(941) 955-4579 • Fax 952-0439

Florida Department Of State
Division Of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

November 17, 1998

RE: 656887

On September 9, 1998, we mailed our annual report to your address at:
PO Box 1500, Tallahassee, FL 32302-1500. A copy of our check is enclosed.

On November 16, 1998 we noticed that the check to you did not clear our bank, and we received your application for reinstatement. The original packet and check is missing.

Per instructions from your office on November 17, 1998, I am enclosing a new check and application.

If you have any questions, please call me at 941-488-0702.

Sincerely,

Debbie Cottingham
Bookkeeper