

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 NOV -5 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 839800

1. Corporation Name

CORBESCO, INC.

Principal Place of Business

#6 EAST 3RD STREET  
P.O. BOX 1969  
KENNER LA 70063

Mailing Address

#6 EAST 3RD STREET  
P.O. BOX 1969  
KENNER LA 70063

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

01/09/1978

5. FEI Number

72-0415415

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
Pres	CUTRELL, GARY L	HWY 60 WEST	MULBERRY, FL 33860
VP	CUTRELL, BARBARA	HWY 60 WEST	MULBERRY FL 33860
<del>S</del>	<del>WALDO, ROBERT</del>	<del>3708 CORINNE AVE</del>	<del>CHALMETTE LA 70043</del>
S	FERRARA, DARLENE	5009 CRAIG AVE.	METAIRIE, LA 70003
			600008810076 11/05/02--01085--017 **150.00

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

GARY CUTRELL

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

4507 HILLMAN LANE

Suite, Apt. #, Etc.

City

LAKELAND

State

FL

Zip Code

33813

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

REGISTERED AGENT MUST SIGN GARY CUTRELL

Date 10/29/02

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY CUTRELL

10/29/02

Date

Daytime Phone #



CORBESCO, INC. P.O. BOX 1969 KENNER, LOUISIANA 70063 (504) 467-2641 FAX (504) 467-0460

October 30, 2002

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Reference: Document #839800  
FEI #72-0415415

To Whom It May Concern:

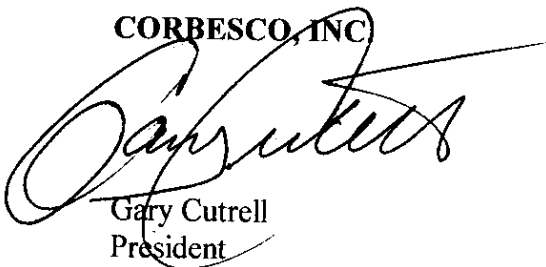
Enclosed find Application For Reinstatement along with renewal fee of \$150.00.

This letter is to confirm to the best of my knowledge an original renewal form was not received for completion.

Thank you for your understanding and cooperation.

Sincerely,

CORBESCO, INC.



Gary Cutrell  
President

GC/bl

Enclosure