

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortfiam
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F97000002350

1. Corporation Name

OLDE BROADWAY SOUTH, INC.

Principal Place of Business

Mailing Address

3935 WESTHEIMER ROAD, SUITE 301
HOUSTON TX 77027

3935 WESTHEIMER ROAD, SUITE 301
HOUSTON TX 77027

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

05/02/1997

5. FEI Number

76-0529347

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED **5**

\$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
PVC	BAXENDALE, IRENE	1493 KOLENDA ST.	PORT CHARLOTTE FL 33952
DV	BAXENDALE, JUNE I	163 CONCORD DR.	PORT CHARLOTTE FL 33952
S	INABNITT, RACHAEL A	1492 KOLENDA ST.	PORT CHARLOTTE FL 33952
TD	BAXENDALE, THOMAS	1493 KOLENDA ST.	PORT CHARLOTTE FL 33952
C	MC KELLER, ARCH H	3935 WESTHEIMER SUITE #301	HOUSTON TX 77027
			500002905195--5 -06/15/99--01070--003 *****750.00 *****750.00

8. Name and Address of Current Registered Agent

BAXENDALE, IRENE
1493 KOLENDA STREET
PORT CHARLOTTE FL 33952

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Accepted) *****150.00 *****150.00
Suite, Apt. #, Etc
City
State FL Zip Code
*****43.75 *****43.75

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

Irene Baxendale
REGISTERED AGENT MUST SIGN

Date 4/13/99

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:

Irene Baxendale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRENE BAXENDALE

4/13/99 (941) 629-5908

Date Daytime Phone #

CR2E040 (9/98)