

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



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

02 JUN 14 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

OLDE BROADWAY SOUTH

2. Principal Office Address

1493 KOLENDA ST.

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE, FL.

Zip

33952

Country

CHARLOTTE

3. Mailing Office Address

1493 KOLENDA ST.

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE, FL.

Zip

33952

Country

CHARLOTTE

4. Date Incorporated or Qualified
To Do Business in Florida

AUGUST 15, 1997

5. FEI Number

76-0529347

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

IRENE BAXENDALE

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

1493 KOLENDA ST.

Suite, Apt. #, Etc.

City

PORT CHARLOTTE, FL.

State

FL

Zip Code

33952

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

Irene Baxendale
REGISTERED AGENT MUST SIGN

Date

6/13/02

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
PRES.	IRENE BAXENDALE	1493 KOLENDA ST.	PORTCHARLOTTE, FL. 33952
SEC.	THOMAS BAXENDALE	1493 KOLENDA ST.	PORT CHARLOTTE, FL. 33952
V.PRES	JUNE I. BAXENDALE	163 CONCORD DR.	PORT CHARLOTTE, FL. 33952
TRES.	EDWARD BLACK	17810 BERRY OAKS LANE	SPRING TEXAS 77379
DIR.	ARCH MC KELLER	2425 UNDERWOOD APT. 260	HOUSTON ,TX. 77030

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

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

IRENE BAXENDALE

6/13/02

Date

Daytime Phone #

CR2E081 (9/01)