

PLEASE

INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

98-99 AR

DEPARTMENT OF REVENUE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED

99 MAY 24 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 967864

1. Corporation Name Circle B Industries Inc.

Principal Place of Business

Mailing Address

131361st Ave E
Bradenton, FL 34204P.O. Box 20428
Bradenton, FL 34204

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

1982

5. FEI Number

59-2361338

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres	Bradford A. Cairnie	7001 Madonna Pl	Sarasota, FL 34243

500002896535-3

-06/07/99--01108--013

****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: Bradford A. Cairnie

Street Address (P.O. Box Number is Not Acceptable): 7001 Madonna Pl.

Suite, Apt. #, Etc.:

City: Sarasota

State: FL Zip Code: 34243

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

REGISTERED AGENT MUST SIGN

Date

4-18-99

11. This corporation owes 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bradford A. Cairnie

Date:

4-28-99

Daytime Phone #

CR2E001 (12-98)