

APPLICATION  
FOR  
REINSTATEMENT



FILED

DOCUMENT # H29828

Organization Name  
GREENBRIAR RENTAL + SALES INC

97 MAY -5 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Mailing Address

2452 N. Essex Ave  
HERNANDO FL 34442

**REINSTATEMENT** 95-97

11/1/86

59-2789962

Country

**\$8.75 Additional fee required for a Certificate of Status**

| 1<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip |
|---------------|---|--|-------------------------|
| Pres.         | ROBERT W. SCHULZE                         | 1464 E. MCKINLEY ST.   | HERNANDO FL 34442       |
|               |   |  | 000002176750--4         |
|               |   |  | -05/13/97--01071--010   |
|               |   |  | ***1080.00 ***1080.00   |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  | DB5-9-97                |

**9. Name and Address of New Registered Agent**

ROBERT SCHULZE  
1464 E. Mc KINNEY ST.  
HERNANDO FL 34442

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

**REGISTERED AGENT MUST SIGN**

Date 5/1/90

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(l), 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

5/1/9-

352 746 5921  
Daytime Phone #