	PLE	EASE READ	ALL INST	RUCTI	ONS BEFORE C	OMPLET	ING THIS FORM.		
	LICATION			A DEPAR	RTMENT OF STATE				
	FOR 🌱	NT W		Secretary of State			FILED		
P DIVISION OF CORPORATIONS									
DOCUMENT # H47388  1. Corporation Name						99 NOV -9 PM 3: 23			
CBC INDUSTRIAL PARK, INC.							SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 903 WEST THIAD STREET SANFORD FL 32771 US			488 W. HIGH				REINSTATEMENT 99		
	resses are incorre pal Office Addres			ugh incorrect information and enter correction below.  3. New Mailing Office Address, If Applicable			Date incorporated or Qualified     To Do Business in Florida		
Suite, Apt. #, etc.			Suite, Apt. #,	Suite, Apt. #, etc.			03/11/1985		
City & State			City & State	City & State			59-2496814 Applied For Not Applicable		
Zip	Cou	ntry	Zip		Country	6. CERTIFICATE	E OF STATUS DESIRED To for a Cellificate of Status.		
7. Names and	d Street Addresse		d/or Director (Flo	rida nonprof	it corporations must list at lea				
Title(s)	Name of Officers and/or Directors 2				Street Address of Each Officer and/or Director		City / State / Zip		
PS BAUERLE JR., DONALD C.				488 W. HIGHBANKS ROAD			DEBARY FL 32713		
V BAUERLE III, Donald C. 488 W. Highbanks Rd DeBary, FL 3271							DeBary,FL 32713		
							9000000505193 -11/22/9901017013 ****750.00 ****750.00		
	B. Name and	Address of Curre	it Registered Age	ent		9. Name and A	Address of New Registered Agent		
Name									
WILLIS, DAVID Street Address (P STE 600 LANDMARK CENTER II						P.O. Box Number is Not Acceptable)			
225 E ROBINSON ST Suite, Apt. #,						ic.			
ORLANDO FL 32802						State Zip Code			
10. I, being appointed the registered enternol the above hand corporation, am familiar with and accept the obligations of Section 607.0505, F.S.									
Signature of Registered Agent REGISTERED AGENT MUST SIGN  Date //- 5-99									
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 filling 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 affect as if made under oath.									
SIGNATURE: DESCRIPTION OF SIGNING									

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