

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

192

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DOCUMENT # **J27122**

1. Corporation Name

**BAGWELL & CAPPELLO, CPA, P.A.**

Principal Place of Business

Mailing Address

1900 BOOTHE CIRCLE  
SUITE 104  
LONGWOOD FL 32750

1900 BOOTHE CIRCLE  
SUITE 104  
LONGWOOD FL 32750



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

08/01/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2709254

Applied For  
Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BAGWELL, BRENDA F.	2061 WEMBLY PL	OVIEDO FL
VP	CAPPELLO, BONNIE	974 VICKSBURG ST 301 HANGING MOSS CIRCLE	DELTONA FL 32725 LAKE MARY, FL 32746
			400004679294--7 -11/14/01--01084--021 ***158.75 ***158.75
			SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BAGWELL, BRENDA  
1900 BOOTHE CIR STE 104  
LONGWOOD FL 32750

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

*Brenda Bagwell*

Date

10/23/01

REGISTERED AGENT MUST SIGN

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 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:

*Brenda Bagwell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/01

Daytime Phone #

407-834-2888

CR2E040 (8/01)

**Bagwell & Cappello, CPA, P.A.**  
CERTIFIED PUBLIC ACCOUNTANTS

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1900 Boothe Circle  
Suite 104  
Longwood, Florida 32750

(407) 834-2888  
Fax (407) 834-0970  
E-mail: [cpa@bagwellcappello.com](mailto:cpa@bagwellcappello.com)

October 23, 2001

Florida Dept of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sirs:

Attached is a check for \$158.75. I am paying the annual report fee and the corporation supplemental fee of \$150.00, plus the \$8.75 additional fee required for a certificate of status. I am also including the application for reinstatement. The original annual report was never received by our office. We are a CPA firm and are very much aware of the filing requirements, had we received the report.

If you have any questions regarding the above, please contact me immediately.

*Brenda Bagwell*

Brenda Bagwell, President

Enclosures

BFB/lal