

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J93507**

1. Corporation Name

BRUNSON INVESTMENTS, INC.

Principal Place of Business

Mailing Address

2840 INDUSTRIAL PLAZA DR
TALLAHASSEE FL 32301
US

2840 INDUSTRIAL PLAZA
TALLAHASSEE FL 32301
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Limited
To Do Business in Florida

09/18/1987

5. FEI Number

59-2638852

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	BRUNSON, OLAN L.	1528 BREAMSTONE RIDGE	TALLAHASSEE FL
S	BRUNSON, CATHERINE A.	1528 BREAMSTONE RIDGE	TALLAHASSEE FL

REINSTATEMENT

98-99 B

1/14/99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRUNSON, OLAN L
2840 INDUSTRIAL PLAZA DRIVE
TALLAHASSEE FL 32301

Name Catherine A. Brunson
Street Address (P.O. Box Number is Not Acceptable)
1528 Breamstone Ridge
Suite, Apt. #, Etc.

City Tallahassee

State FL

Zip Code 32312

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

Catherine A. Brunson
NATURAL REQUIRED
REGISTERED AGENT MUST SIGN

Date 1/12/99

11. This corporation owes or has paid 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:

Catherine A. Brunson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # (850) 877-2321

FILED

99 JAN 14 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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