

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 APR 10 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **11251**

1. Corporation Name

BRANDON BUICK, INC.

Principal Place of Business

Mailing Address

**9205 E. ADAMO DR.
TAMPA, FL 33619**

SAME

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

9205 E. ADAMO DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA, FL 33619

Zip

Country

Zip

Country

33619

HILK60R049H

REINSTATEMENT

09-10

4. Date Incorporated or Qualified
To Do Business in Florida

1/19/1988

5. FEI Number

59-2864738

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/T/D	RONALD L. SLIVKA	3855 N. OCEAN BLVD Singer Island, FL 33404	Singer Island FL. 33404
V/S/D	MICHAEL A. STANLEY	7103 WAREHAM DR.	TAMPA, FL 33647
AST-S	JEFFERY L. BLEIWEISS	1203 MOONDALE CT.	VALRICO, FL 33594
			700003222027-2
			-04/24/00-01174-020
			****900.00 ****900.00

8. Name and Address of Current Registered Agent

**JEFFERY L. BLEIWEISS
9205 E. ADAMO DR.
TAMPA, FL 33619**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/2/00

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:

MICHAEL A. STANLEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/2000

813-620-1000

CR2E081 (12/98)