## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS HORM.

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			FLORIDA DEPARTMENT OF STATE			FILEU				
GORPORATION			Katherine Harris			00 DEC 14 AM II: 50				
REINSTA	TEMENT			ry of State			00 05	, 1 m	, ,,	
410	U UB		DIVISION OF	CORPORATIONS	·		SECR	ETARY OF	STATE	
DOCUM	ENT# 4	23189					TALLA	HASSEE, FL	UHIDA	
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CH	ARUS	R. Hoos	BAOKERALE		ļ					
	COMP	any, INC	BAOKERALE C.							
					1	0	000	00352	458	302
2. Principal Office Address			3. Mailing Office Address			-01/05/0101024025 ****615.00 ****615.00				
ILBZ TIMBERLANE ROAD			P.O. Box 13948			-	,	***************************************	ህኒ፥ কক	***013.UU
Suite, Apt. #, etc.	11,362,00	- 1-0110	Suite, Apt. #, etc.							
Suite C						Date Incorporated or Qualified To Do Business in Florida				
City & State			City & State			10/17/1989				
TAMAHASSEE FL			TAWAHASSEE FL			5. FEI Number Applied For Not Applicable				
Zip	Country	,	Zip	Country		6.		_ [6	6.75 Addit	ional Fee required
32312	US	14	32317	USA		CERTIFICATE	OF STATU	S DESIRED 🔲		ificate of Status
			7. Name and	Address of Curre	ent Registered	Agent		•		
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Str		Box Number is N			<del></del>					
5	1282 7	MBERL	ANE ROAD	·				<u></u>		
Su										
City C						State Zip Code				
	TAMAH	ASSEE					FL	32312		:
8. I, being appoi	inted the registere	ed agent of the abo	ove named corporation, am	familiar with and	accept the oblig	gations of section	n 607.050	5 or 617.0503, F	.s.	000
Signature of		$NV_{n}$	V. Dett.	ر الم				and to the		*
Registered Agent	!	RI	EGISTERED AGENT MUS	T SIGN			Date _	12/14/2	000	
A Names and S	Stroot Addresses	of Each Officer and	d/or Director (Florida nonpr	rofit corporations r	must list at least	t 3 directors)		A A SAMPLE	aran <mark>illar</mark> an	
-	Sirect Addicases	Name of	2701 Director (1 Tortida Homps	<del></del>	iress of Each			0). (0		
Titles Officers and/or Directors			Officer and/or Director							
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P. D CA	HRLES	R. HOOD	3797	BOBBIN BOBBIN	TORECK	CHSI	7770-4	THE SECTION		32312
D 5	ARAH G	14000	3737	BOBBIN	Brook	EAST	TALLA	HASSEE	FL	52312
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this reinstate	ement application,	the reason for diss	siver or trustee empowered solution has been eliminate	d, the corporate n	ame satisfies th	e requirements	of section	607.0401 or 617	.0401, F.S.	, that all fees
			names of individuals listed signature shall have the sar				er section	119.07(3)(i), F.S.	The inform	ation indicated
		V ()	N D.	1						1
SIGNATUR	₹E:	٧	.why Kd	Merel		12/14	roov	85	0.668	4996

12/14/2000

Date

850.668.4996

Daytime Phone #

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Charles R. Hood Brokerage Company, Inc.

1282 Timberlane Road Tallahassee, Florida 32312 850.668.4996

December 14, 2000

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

RE:

Corporation Reinstatement

Charles R. Hood Brokerage Company, Inc.

Doc # - L23189

## Gentlemen:

Please find enclosed a completed corporation reinstatement application for the above referenced corporate entity, along with a check in the amount of \$615.00. We have not received any communication from the state regarding the 1997 Annual Report, nor any communication regarding reports due since that date. Based on information from your personnel, your records reflect the return of the packet undelivered for the year 1997. Further, based on this information we were informed by your department that because of these circumstances, the \$600 reinstatement fee would be waived and the applicable amount would be \$615.00.

Thank you for your cooperation in this matter. Should you have additional questions, please contact me.

Yours very truly,

Charles R. Hood