

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 30 AM 9:34

DOCUMENT # L43687

1. Corporation Name

CHARLES CAWTHRA & ASSOCIATES, INC.

Principal Place of Business
**7785 SE INDEPENDENCE AVENUE
HOBE SOUND FL 33455**

Mailing Address
**7785 SE INDEPENDENCE AVENUE
HOBE SOUND FL 33455**

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

01/18/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0168629

Applied For

City & State

City & State

Not Applicable

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)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
|----------|--------------------------------------|---|---|
| D/M | CAWTHRA, CHARLES E. | 1836 ALFONSO AVENUE 7785 SE Independence Avenue | CORAL GABLES FL Hobe Sound, FL 33455 |
| P/C | Cawthra, Geraldine N. | 7785 SE Independence Avenue | Hobe Sound, FL 33455 |
| V/S | Cawthra, Charles E. III | 11233 SW 59th Street | Cooper City, FL 33330 |
| V/T | Barbara Ann Johnston | 1392 Harrison Point Trail | Amelia Island, FL 32034 |
| | | | 500002338065--7 -11/04/97--01088--001 ****750.00 ****750.00 |

8. Name and Address of Current Registered Agent

~~CULLEN, JOHN T.~~
~~7411 MIAMI LAKES DRIVE~~
~~MIAMI LAKES FL 33014~~

9. Name and Address of New Registered Agent

Name
Cawthra, Charles E.
Street Address (P.O. Box Number is Not Acceptable)
7785 S E Independence Avenue
Suite, Apt. #, Etc.
City
Hobe Sound, State **FL** Zip Code **33455**

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

Charles E. Cawthra

REGISTERED AGENT MUST SIGN

Date **OCT 28, 1997**

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:

Charles E. Cawthra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT 28, 97 (561)
546-3076

Date

Daytime Phone #

CP2E040 (8/97)