

PLEASE READ ALL INSTRUCTIONS BEFORE

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 02, 2003 8:00 A.M.
Secretary of State

DOCUMENT # **N06798**

1. Corporation Name

BRENTWOOD FOUNDATION, INC.

Principal Place of Business

**5430 W GULF TO LAKE H
LECANTO FL 34461**

Mailing Address

**P.O. BOX 640247
BEVERLY HILLS FL 34464
US**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/04/1985

5. FEI Number

59-2657574

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 3	City / State / Zip 4
DP	WATTS, W. R.	4237 N PONY DR	BEVERLY HILLS FL
TD	ROBERTS, HOPE	P O BOX 5630	SPRING HILL FL
SD	MANSMANN, KAY	3580 N WILLOWTREE PT.	BEVERLY HILLS FL 34465
PD	Edna Harden	5 Montana St	Beverly Hills FL 34465
TD	Jean West	3350 W Audubon Path	Lecanto FL 34461
D	Eddie Levin	5272 S. Riverview Cir	Homosassa FL 34446

8. Name and Address of Current Registered Agent

~~ROBERTS, HOPE
3505 N LECANTO HWY
BEVERLY HILLS FL 34465~~

9. Name and Address of New Registered Agent

Name

Samantha Brown

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

5430 W. Gulf to Lake Hwy

Suite, Apt. #, Etc.

City

Lecanto

State

FL

Zip Code

34461

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. or 617.0505, F.S.

Signature of
Registered Agent

Samantha Brown **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date **12-30-02**

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:

Edna Harden **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edna Harden, President

12/30/02

Date

Daytime Phone #

746-2490

CR2040 (8/02)