

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

90 MAY 22 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N 36270*

1. Corporation Name
St. Augustine Brigade of Musick, Inc.

Principal Place of Business

Mailing Address

REINSTATEMENT *96-98*

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 Address, If Applicable

Rachel Smolek

Suite, Apt. #, etc.

4 East Park Ave

City & State

St. Augustine FL

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1987 8 5/22/98

5. FEI Number

59-298640

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
<i>P/T/D</i>	<i>Carl E. Rang</i>	<i>413 Christopher Ave T3</i>	<i>Gaithersburg MD 20879</i>
<i>V/D</i>	<i>Patricia G. Rang</i>	<i>413 Christopher Ave T3</i>	<i>Gaithersburg MD 20879</i>
<i>M/D</i>	<i>Sandra Rodrigues</i>	<i>254 Venetian Blvd.</i>	<i>St. Augustine FL 32095</i>
<i>V/D</i>	<i>Rodolfo Diaz</i>	<i>254 Venetian Blvd</i>	<i>St. Augustine FL 32095</i>
<i>V/D</i>	<i>Rachel Smolek</i>	<i>4 East Park Ave</i>	<i>St. Augustine FL 32095</i>

100002544421--6
06/02/98-01063-013

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent ***367.50

Name
Rachel Smolek
Street Address (P.O. Box Number is Not Acceptable)
4 East Park Ave
Suite, Apt. #, Etc.
City
St. Augustine
State
FL
Zip Code
32095

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

Rachel A. Smolek

REGISTERED AGENT MUST SIGN

Date *15 May 1998*

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:

Carl E. Rang
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 May 98
Date
301-947-0857
Daytime Phone #

CR2040 (1/98)