

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000004559

1. Corporation Name

CHARLES W. SIEBRECHT REAL ESTATE & APPRAISING, I  
NC.

Principal Place of Business

Mailing Address

725 N HWY A1A, SUITE A-106  
JUPITER FL 33477

725 N HWY A1A, SUITE A-106  
JUPITER FL 33477



FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
01 DEC -4 AM 9:58

REINSTATEMENT 01

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

01/13/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

650975439

Applied For

Not Applicable

City & State

City & State

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)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4                                  |
|---------------|---|--|--|
| PVST          | SIEBRECHT, CHARLES W                      | <del>2692 MEADOW RD</del><br>1019 LOVE ST.             | <del>WEST PALM BEACH FL 33406</del><br>Jupiter, FL 33477 |
| D             | SIEBRECHT, CHARLES W                      | <del>2692 MEADOW RD</del><br>1019 LOVE ST.             | <del>WEST PALM BEACH FL 33406</del><br>Jupiter, FL 33477 |
|               |   |  | 300004725513--5  |
|               |   |  | -12/13/01--01082--022                                    |
|               |   |  | ****750.00 ****750.00                                    |
|               |   |  |  |
|               |   |  |  |

8. Name and Address of Current Registered Agent

SIEBRECHT, CHARLES W  
725 N HWY A1A, SUITE A-106  
JUPITER FL 33477

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

*Charles W. Siebrecht*

Date 10-16-2001

REGISTERED AGENT MUST SIGN

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:

*Charles W. Siebrecht*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-16-2001

Daytime Phone #

561-743-1231

CR2E040 (8/01)