

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 FEB 13 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000036686

1. Corporation Name

HAROLD BRUINIUS DECORATING, INC.

Principal Place of Business

10570 68TH AVE. N.
SEMINOLE FL 33772

Mailing Address

10570 68TH AVE. N.
SEMINOLE FL 33772



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

04/05/2000

5. FEI Number

59-3630976

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 |
|---------------|---|--|--|
| D | BRUINIUS, HAROLD | 10570 68TH AVE. N. | SEMINOLE FL 33772 |
| | | | 000004955210--2 02/13/02--01016--026 ***300.00 ***300.00 |
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| | | | |

8. Name and Address of Current Registered Agent

LOVELACE, WILLIAM K ESQ
401 S. LINCOLN AVE.
CLEARWATER FL 33756

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

WILLIAM K LOVELACE
REGISTERED AGENT MUST SIGN

Date

11-3-01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harold Bruinius

Date

Daytime Phone #

11-3-01 (727)397-0729

Harold Bruinius Decorating, Inc.

10570 68th Ave N
Seminole, FL 33772

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November 6, 2001

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

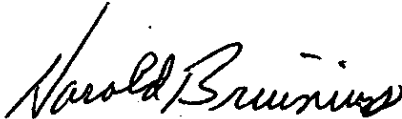
Dear Division of Corporations,

I recently received this Notice of Administrative Dissolution. I am writing because this was the first time that I received this report.

This was the first year I had to file this report and my inexperience with filing requirements leaves me bit confused. I research the filing requirements and now I understand the filing requirements and promise to fulfill my filing duties in the future. Business has been bad recently and I would really appreciate your acceptance of the annual fee of \$150. The stated cost would be almost impossible for me to stay in business at the present time with economic conditions being what they are. Thank you for you kind consideration.

Please. Please. Please. Write me back and tell me if you would accept the \$150 for the annual report fee. I promise to comply fully in the future. Thank you.

Sincerely,



Harold Bruinius
President