

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 21 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000049364

1. Corporation Name

RUSSELL BROOKS PROPERTIES, INC.

Principal Place of Business

Mailing Address

~~1209 WASHINGTON ST~~ 1206 South St.
KEY WEST FL 33040

~~1209 WASHINGTON ST~~ 1206 South St.
KEY WEST FL 33040



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

1206 South Street

1206 South Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Key West, Florida

Key West, Florida

Zip

Country

Zip

Country

33040

33040

4. Date Incorporated or Qualified
- To Do Business in Florida

05/15/2000

5. FEI Number

65-1023936

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	BROOKS, BARI	1209 WASHINGTON ST 1206 South Street	KEY WEST FL 33040
P	RUSSELL, MARTIN T	1209 WASHINGTON ST 1206 South Street	KEY WEST FL 33040

200009148362
11/21/02--01052--002 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BROOKS, BARI

~~1209 WASHINGTON ST~~ 1206 SOUTH STREET
KEY WEST FL 33040

Name

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

1206 South Street
Suite, Apt. #, Etc.

City

Key West

State

FL

Zip Code

33040

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

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/14/02

11. I certify that I am an officer or director of 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] BARI BROOKS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/14/02 941.951.5583

CR2E040 (8/02)

BARI BROOKS
1896 HIBISCUS STREET
SARASOTA, FLORIDA 34239

November 14, 2002

Jim Smith
Secretary of State

Dear Mr. Smith,

Just received this notice. We must have misplaced the previous ones somehow. We would have no reason to avoid paying it, as it is a necessary thing. Also this year we did have a change of address as you see on the form.

We are sorry and promise to do our very best to never let it happen again.

Thank you, Sincerely,
Bari Brooks