

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P00000052249

1. Corporation Name

BRETT WASKO, INC.

Principal Place of Business

Mailing Address

~~2175 SAN MARCO RD.~~  
~~MARCO ISLAND FL 34145~~

~~2175 SAN MARCO RD.~~  
~~MARCO ISLAND FL 34145~~

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

Suite, Apt. #, etc.  
2480 29th AVE NE  
City & State  
Naples, Florida

Suite, Apt. #, etc.  
2480 29th AVE NE  
City & State  
Naples, Florida

Zip  
34120

Country  
USA

Zip  
34120

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

05/22/2000

5. FEI Number

59-3645179

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	4 City / State / Zip
D	WASKO, BRETT	<del>2175 SAN MARCO RD.</del> 2480 29th AVE NE	MARCO ISLAND FL 34145 Naples, FL 34120
D	SIMPSON, MIKE	537 COCONUT	GOODLAND FL 34140

8. Name and Address of Current Registered Agent

WASKO, BRETT  
~~2175 SAN MARCO RD.~~  
MARCO ISLAND FL 34145

9. Name and Address of New Registered Agent

Name

Wasko, Brett

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

2480 29th AVE NE

Suite, Apt. #, Etc.

City

Naples

State  
FL

Zip Code  
34120

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-22-02

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:

SIGNATURE REQUIRED  
Brett Wasko, Brett Wasko

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-02

Date

239-353-9332

Daytime Phone #

CR2040 (8/02)

BRETT WASKO, INC.  
2480 29<sup>th</sup> AVENUE NE  
NAPLES, FLORIDA 34120  
Phone (239) 353-9332  
Fax (239) 642-9115

October 22, 2002

To Whom it may concern:

I did not receive the prior U.B.R. notices. My address has changed and I believe that is the reason why I did not receive them. I have noted my new address on the application for reinstatement. Please update my records so I will receive my U.B.R. notice next year.

Thank you,  
Brett Wasko