

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 MAY -1 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000068005**

1. Corporation Name

**TERRENCE BRYANT ENTERPRISES, INC.**

Principal Place of Business

624 RENAISSANCE POINTE  
APARTMENT 205  
ALTAMONTE SPRINGS FL 32714

Mailing Address

624 RENAISSANCE POINTE  
APARTMENT 205  
ALTAMONTE SPRINGS FL 32714

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**5025 Water wheel CT**  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

**DOVER, FL**

Zip

**34761**

Country

**ORANGE**

City & State

Zip

Country

**REINSTATEMENT 01-02**

4. Date Incorporated or Qualified  
To Do Business in Florida

**07/13/2000**

5. FEI Number

**59-3659355**

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	BRYANT, TERRENCE L	5025 Water wheel CT	DOVER, FL 34761
D	BRYANT, IBREEA Y	5025 Water wheel CT	DOVER, FL 34761

000005507720--0  
-05/14/02--01011--014  
\*\*\*900.00 \*\*\*900.00

8. Name and Address of Current Registered Agent

**BRYANT, TERRENCE**  
**624 RENAISSANCE POINTE**  
**APARTMENT 205**  
**ALTAMONTE SPRINGS FL 32714**

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

*Terrence Bryant*  
REGISTERED AGENT MUST SIGN

Date **4/26/02**

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:

*Terrence Bryant*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/02 (407)297-8870**

Date

Daytime Phone #

CR2E040 (8/01)

**JOHN J. MURPHY III, P.A.**

*Attorney at Law*  
3880 Sheridan Street  
Hollywood, FL 33021-3634

John J. Murphy III  
Member Florida and New York Bars

Telephone: 954-981-4567  
Facsimile: 954-983-6275

April 26, 2002

VIA OVERNIGHT MAIL

Department of State  
Division of Corporation  
409 E. Gaines Street  
Tallahassee, FL 32399

RE: Reinstatement of Corporation  
Angler's Cove, Inc.

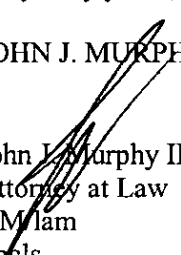
Dear Sir or Madam:

Enclosed herein please find the executed Corporation Reinstatement Form, along with our trust account check in the amount of \$908.75. This breaks down to \$900.00 for filing fee, and \$8.75 for Certificate of Status.

Please file the same on my behalf.

Very truly yours,

JOHN J. MURPHY III PA

  
John J. Murphy III, Esq.  
Attorney at Law  
JJM/lam  
Encls.

CC: S. Tomasi  
M. Tomasi