

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



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

FILED

02 NOV -6 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000078862

1. Corporation Name

BRIAN J. CATES, INC.

Principal Place of Business

5140 TEAKWOOD DRIVE  
NAPLES FL 34119

Mailing Address

5140 TEAKWOOD DRIVE  
NAPLES FL 34119

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

08/18/2000

5. FEI Number

59-3669681

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)

Name of Officers  
and/or Directors

Street Address of Each  
Officer and/or Director

City / State / Zip

D

CATES, BRIAN J

5140 TEAKWOOD DRIVE

NAPLES FL 34119

300008829823  
11/06/02--01073--022 \*\*150.00

8. Name and Address of Current Registered Agent

CATES, BRIAN J  
5140 TEAKWOOD DRIVE  
NAPLES FL 34119

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Brian J. Cates*  
REGISTERED AGENT MUST SIGN

Date

10/25/02

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:

*Brian J. Cates*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/02

Daytime Phone #

CR2E040 (8/02)

292

**THOMAS WANDERON & ASSOCIATES**

♦ TAX ACCOUNTING, INC. ♦

Tuesday, October 29, 2002

Division of Corporations  
Florida Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Brian J. Cates, Inc.  
5140 Teakwood Drive  
Naples, FL 34119  
P00000078862

We are the tax accountants for the above named notice and have been provided the Notice of Administrative Dissolution as sent to the corporation.

The corporation was unaware of it's requirement to file an annual report and did not receive the Uniform Business Report forms or reminder notifications.

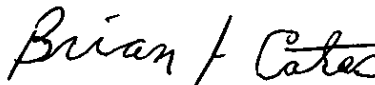
As such, we are requesting on behalf of the corporation, a waiver of reinstatement fees and request that the corporation be allowed to file its annual report (attached) with the 2002 filing fees of \$150 (attached.) Please advise the corporation accordingly.

Thank you.

Very truly yours,



Jeffrey R. Lamb  
Thomas Wanderon & Associates



Brian J. Cates, Director/President  
Brian J. Cates, Inc.

JRL/ll