


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b>
		<b>Glenda E. Hood</b> Secretary of State DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 17 AM 8:00

DOCUMENT # **P00000098770**

1. Corporation Name

**SRB & ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

**18820 WENTWORTH DRIVE  
HIALEAH FL 33015**

**18820 WENTWORTH DRIVE  
HIALEAH FL 33015**



**REINSTATEMENT**

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

4. Date Incorporated or Qualified  
To Do Business in Florida

10/19/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1049263

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PD	BUTLER, SCARLET	18820 WENTWORTH DRIVE	HIALEAH FL 33015

400024050544  
10/23/03--01059--018 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**BUTLER, SCARLET  
18820 WENTWORTH DRIVE  
HIALEAH FL 33015**

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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

10-13-03

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-13-03

Daytime Phone #

CR2E040 (7/03)



# SRB & ASSOCIATES

October 10, 2003

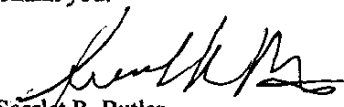
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Reinstatement of Notice of Administrative Dissolution or Revocation

Enclosed you will find copies of my previous Uniform Business Report, original filed April, 2003, as well as the returned application and letter sent back from your office on August 27, 2003. As of today's date the check that I submitted to your office was never cashed, so I am once again submitting the original amount of \$150.00 and request that my company be reactivated.

If you have any questions concerning this matter, please feel free to contact me (305) 829-9663.

Thank you.



Scarlet R. Butler  
CEO—President



Home Investment

P.O. Box 173026  
Hialeah, FL 33017  
Phone: (305) 829-9663  
Fax: (305) 829-0944  
Email: strettfeb@aol.com