

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000113994

1. Corporation Name

COTTAGE WORLD, INC.

Principal Place of Business

6791 WHITFIELD INDUSTRIAL AVE., UNIT D  
SARASOTA FL 34243

Mailing Address

6791 WHITFIELD INDUSTRIAL AVE., UNIT D  
SARASOTA FL 34243

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

2. New Principal Office Address, If Applicable

~~6831 WHITFIELD IND. AVE.~~ ~~UNIT A~~

Suite, Apt. #, etc.

City & State  
SARASOTA

Zip  
34243

Country  
USA

3. New Mailing Office Address, If Applicable

~~6831 WHITFIELD IND. AVE.~~ ~~UNIT A~~

Suite, Apt. #, etc.

City & State  
SARASOTA

Zip  
34243

Country  
USA

4. Date Incorporated or Qualified  
Do Business in Florida

12/13/2000

5. FEI Number

84-1452792

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	NEWMAN, CHRIS	<del>4305 PERIGO CIR. PONTE</del>	<del>BRADENTON FL 34209</del>
		5730 28th ST. EAST	BRADENTON, FL 34203

8. Name and Address of Current Registered Agent

NEWMAN, CHRIS  
6791 WHITFIELD INDUSTRIAL AVE., UNIT D  
SARASOTA FL 34243

9. Name and Address of New Registered Agent

Name  
NEWMAN, CHRIS  
Street Address (P.O. Box Number is Not Acceptable)  
6831 WHITFIELD IND. AVE.  
Suite, Apt. #, Etc.  
UNIT A  
City  
SARASOTA  
State  
FL  
Zip Code  
34243

CR2040 (8/02)

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~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/02 941-751-9575