

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

poplar

APPLICATION
FOR



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

FILED

02 NOV 12 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000041016

1. Corporation Name

KAREN B. POPE & ASSOCIATES, INC.

Principal Place of Business

PO BOX 300
KATHLEEN FL 33849-0300

Mailing Address

PO BOX 300
KATHLEEN FL 33849-0300

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

2. New Principal Office Address, If Applicable

3011 Sleepy hill Rd
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

(Same)
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

04/23/2001

5. FEI Number

59-3713395

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
P	POPE, KAREN B	PO BOX 300 3022 Kenka Loop	KATHLEEN FL 33849 Lakeland FL 33810

8. Name and Address of Current Registered Agent

KEITH, W. C.
1517 COMMERCIAL PARK DR.
LAKELAND FL 33801

9. Name and Address of New Registered Agent

Name
N/A Same
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 11/1/02

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 #

11-06-02

863-
853-9760

CR2E040 (8/02)

Karen B. Pope and Associates
/dba./
The Ole Barn
3011 Sleepy Hill Road
Lakeland, Florida 33810
863-853-9760

Pope

November 1, 2002

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

Dear Sir:

- Please find enclosed my application for reinstatement of my U B R form,
document number Po1000041016.

I did not receive any prior notice from the Division of Corporations
for filing of this form.

Also please note address change on form to reassure proper delivery in the
future. I have enclosed a check for the U B R filing fees of
\$150.00.

Thank you for your prompt attention in this matter. If you have any questions
on this matter please feel free to call me at the above number.

Sincerely,

Karen B Pope

Karen B. Pope
President