

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P01000045676**

1. Corporation Name

**1018 ENTERPRISES, INC.**

Principal Place of Business

**1296 FIRST STREET  
SARASOTA FL 34236**

Mailing Address

**1296 FIRST STREET  
SARASOTA FL 34236**

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

2. New Principal Office Address, If Applicable

~~13523 FIFTH AVE. NE~~

Suite, Apt. #, etc.

~~13523 FIFTH AVE. N.E.~~

City & State

~~BRADENTON, FL~~

Zip

~~34202~~

Country

~~USA~~

3. New Mailing Office Address, If Applicable

**1018 ENTERPRISES INC.**

Suite, Apt. #, etc.

**13523 FIFTH AVE. N.E.**

City & State

**BRADENTON, FL**

Zip

**34202**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**05/07/2001**

5. FEI Number

**05-1110324**

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	MUNROE, RICHARD J	1296 FIRST STREET	SARASOTA FL 34236
D	HALUSKA, KEITH	13523 FIFTH AVENUE, N.E.	BRADENTON FL 34202

8. Name and Address of Current Registered Agent

**JUDD, STEVEN H  
2940 SOUTH TAMiami TRAIL  
SARASOTA FL 34239**

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

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date **10-21-02**

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

**10-21-02**

Date

**941-36-0609**

Daytime Phone #

CR2E040 (8/02)

Department Of State  
Division Of Corporations  
P.O.Box 6327  
Tallahassee, Fl 32314

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To Whom It may Concern,

We are asking for reinstatement of our corporation at the normal \$150.00 rate. We did not receive renewal notices and overlooked this detail.

1018 Enterprises Inc.  
13523 fifth ave N.E.  
Bradenton, Fl 34202

Thank You  
Richard Munroe  
941-316-0609