

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 OCT 30 AM 9:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000057177

1. Corporation Name

CURRENT IDEAS, INC.

Principal Place of Business

12550 CAPRI CIRCLE N.  
TREASURE ISLAND FL 33706

Mailing Address

12550 CAPRI CIRCLE N.  
TREASURE ISLAND FL 33706

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

06/04/2001

5. FEI Number

59-3727763

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
PSTD	CURRENT, ANN M	12550 CAPRI CIRCLE NORTH	TREASURE ISLAND FL 33706
DV	CURRENT, JAMES R	12550 CAPRI CIRCLE NORTH	TREASURE ISLAND FL 33706

4000008693684  
10/30/02-01032-012 \*\*150.00

8. Name and Address of Current Registered Agent

MYERS, ROBERT J  
1135 PASADENA AVE SOUTH STE 140  
ST PETERSBURG FL 33707

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

CR2E040 (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

10-23-2002

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ANN M. CURRENT

Date

Daytime Phone #

OCT. 23, 2002 (727) 363-4276

CURRENT IDEA'S, INC.  
12550 Capri Circle N.  
Treasure Island, Fl. 33706  
October 23, 2002

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

RE: Application for Reinstatement  
DOCUMENT #P01000057177

Dear Sir, Madam,

Today I received a notice from the Florida Dept. of State that my corporation was dissolved due to failure to file its 2002 corporation annual report/uniform business report form as required by law. This is the only notice I received regarding this. I never received the two prior uniform business report (UBR) notices. I did have a problem with mail delivery for the original address that was on file with your office and changed that address to the above address. This was done on September 06, 2002.

Enclosed please find the completed application for reinstatement form and the \$150.00 UBR filing fee.

I appreciate your consideration in this matter.

Thank you,

*Ann M. Current*

Ann M. Current  
President.  
Current Idea's, Inc.