

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 14 AM 8:00

DOCUMENT # P01000086394

1. Corporation Name

C.B. COMP, INC.

REINSTATEMENT 03

Principal Place of Business

225 NE 4TH STREET  
BOCA RATON FL 33432

Mailing Address

225 NE 4TH STREET  
BOCA RATON FL 33432



200023788992

10/14/03--01029--022 \*\*61.25

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

08/31/2001

5. FEI Number

65-1137690

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	BUSICK, CARLA	225 NE 4TH STREET	BOCA RATON FL 33432

8. Name and Address of Current Registered Agent

BUSICK, CARLA  
225 NE 4TH STREET  
BOCA RATON FL 33432

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

Carla Busick

REGISTERED AGENT MUST SIGN

Date

10/9/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carla Busick Carla Busick

Date

10/9/03

Daytime Phone #

321-663-3522

CR2040 (7/03)

October 10, 2003

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom it May Concern,

This letter is in reference to C.B.Comp, Inc. Document Number P01000086394. I have never received two prior UBR notices, therefore, I am asking that my reinstatement fee be waived.

I have enclosed a check for \$61.25 and my reinstatement application.

Thank You,

A handwritten signature in cursive script that reads "Carla Busick".

Carla Busick  
President C.B.Comp, Inc.