

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



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

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FILED

02 OCT 28 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000112540**

1. Corporation Name

**CSI OF BROOKSVILLE, INCORPORATED**



Principal Place of Business

Mailing Address

34379 SUNDRIDGE DR  
RIDGE MANOR FL 33524

34379 SUNDRIDGE DR  
RIDGE MANOR FL 33524

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

11/26/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

01-0549942

Not Applicable

Zip

Country

Zip

Country

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	PEAVY, DAN J	34379 SUNDRIDGE DR	RIDGE MANOR FL 33524
D	SULLIVAN, LEON	6055 FAIRWAY DR	RIDGE MANOR FL 33526

700008629077  
10/28/02 01090 020 \*\*150.00

*02 Upr 10*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PEAVY, DAN J  
34379 SUNDRIDGE DR  
RIDGE MANOR FL 33524

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

10-24-02

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

10-24-02

Daytime Phone #

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October 24, 2002

Florida Department of State  
Division of Corporations  
Tallahassee, FL

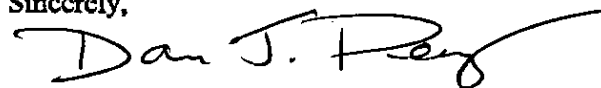
RE: P01000112540

To Whom It May Concern:

This was our first notice regarding the Annual Corporate Filing fee. We incorporated 11/26/01 and were not familiar with this annual fee. Our prior Accountant did not inform us of this annual fee. We have never gotten any other notices regarding this filing fee. Therefore, we are asking that the penalty for non-filing be removed this year. We will now know to watch for this Annual Corporate Filing form in the future and will not be late in future filings of this fee. Our new CPA will also remind us of this filing in future years.

Thank you for your assistance in this matter.

Sincerely,



CSI of Brooksville, Inc.  
Dan J. Peavy-President