

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 NOV 25 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000119621

1. Corporation Name

BRIAN PORTER, INC.

Principal Place of Business

~~2760 GOLDEN GATE BLVD. WEST~~
NAPLES FL 34120

Mailing Address

~~2760 GOLDEN GATE BLVD. WEST~~
NAPLES FL 34120



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

2. New Principal Office Address, If Applicable

~~621 23rd St. N.W.~~

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

~~621 23rd St. N.W.~~

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/2001

5. FEI Number

01-0561165

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	PORTER, BRIAN	2760 GOLDEN GATE BLVD. WEST 621 23rd St. N.W.	NAPLES FL 34120

8000009202828
11/25/02--01063--009 **150.00

8. Name and Address of Current Registered Agent

PORTER, BRIAN

~~2760 GOLDEN GATE BLVD. WEST~~ 621 23rd St. N.W.
NAPLES FL 34120

9. Name and Address of New Registered Agent

Name

Porter, Brian

Street Address (P.O. Box Number is Not Acceptable)

621 23rd St. N.W.

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34120

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]
REGISTERED AGENT MUST SIGN

Date

11-20-02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-20-02

CR2E040 (8/02)

To Whom It May Concern,

11-20-02

No previous notice was received regarding this issue. Please accept our check for \$150.00 to clear this up. This is our first year as a corporation, and as per our form we have a different address. Hopefully this will solve any further problems down the road. Thank you for your understanding.

Sincerely,

Brian T. Porter
