

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

03 OCT 17 AM 8:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000049705**

1. Corporation Name

**BRET MACHOVEC, INC.**

Principal Place of Business

1552 WEXFORD DR. SOUTH  
PALM HARBOR FL 34683

Mailing Address

1552 WEXFORD DR. SOUTH  
PALM HARBOR FL 34683

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

05/01/2002

5. FEI Number

01-0721511

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)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4 |
|---------------|---|--|-------------------------|
| PD            | MACHOVEC, BRET                            | 1552 WEXFORD DR. SOUTH                                 | PALM HARBOR FL 34683    |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |

400023915514

10/17/03--01091--011 \*\*150.00

8. Name and Address of Current Registered Agent

MACHOVEC, BRET  
1552 WEXFORD DR. SOUTH  
PALM HARBOR FL 34683

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

*Bret Machovec*

REGISTERED AGENT MUST SIGN

Date

10/12/03

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

Date

10-12/03  
Daytime Phone #

CR20040 (7/03)

**October 10, 2003**

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

**Re: Bret Machovec, Inc.  
Document Number P02000049705**

**Dear Sir or Madam:**

**It has been brought to my attention the Uniform Business Report for Bret Machovec, Inc. has not been filed with your office for the calendar year 2003.**

**The original 2003 Uniform Business Report was not delivered to my office. In addition, this is the second year I have been incorporated and I was not aware of the annual filing requirement.**

**Please accept my check in the amount of \$150.00 for 2003 representing the annual report fee and abate the penalty.**

**I appreciate your cooperation.**

**Sincerely,**

**Bret Machovec, Inc.  
President**