

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

APPROVED
AND
FILED

05 MAR 21 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PD2 000066110

1. Corporation Name
KAREN E. STRUTH - BROSSEAU, P.A.

2. Principal Office Address
7120 TURKEY CRK RD.
Suite, Apt. #, etc.

3. Mailing Office Address
P.O. BOX 642
Suite, Apt. #, etc.

City & State
PLANT CITY FL

City & State
DURANT, FL

Zip
33567

Country
HILLSBOROUGH

Zip
33530

Country
HILLSBOROUGH

REINSTATEMENT 04-05
MRD

4. Date Incorporated or Qualified
To Do Business in Florida 6/2/03

5. FEI Number
74-3050317

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
KAREN STRUTH - BROSSEAU

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

7120 TURKEY CREEK RD.

Suite, Apt. #, Etc.

City
PLANT CITY

900050003379

04/06/05--01004--005 **150.00

900050003379

04/06/05--01004--006 **150.00

State
FL

Zip Code
33567

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent KAREN STRUTH - BROSSEAU
REGISTERED AGENT MUST SIGN

Date 3/18/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DIR.	KAREN STRUTH - BROSSEAU	PO BOX 642	DURANT FL 33530

10. 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:

KAREN STRUTH - BROSSEAU 3/18/05 813 625-276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E001 (01/04)

2002

December 27, 2004

Division of Corporations

P.O. Box 6198

Tallahassee, FL

32314-6198

RE: DISSOLUTION OF CORPORATION

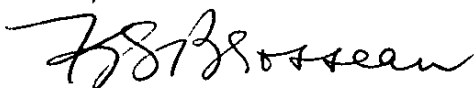
Dear Sir/Madame;

I have been notified by my CPA that my corporation has been dissolved due to my failure to provide an annual report.

Please be advised that my address changed effective 1/31/2004 and I did not get my uniform business report.

I was instructed to notify you of this change of address and forward my payment for \$150.00. Please advise if anything else is required.

Sincerely,



Karen E. Struth-Brosseau, P.A.

P.O. Box 642

Durant, FL

33530