

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 21 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000115818

1. Corporation Name

CAROL ANN BROTHERS, INC.

Principal Place of Business

Mailing Address

907 SARA BAY RD.
OSPNEY FL 34229

907 SARA BAY RD.
OSPNEY FL 34229



REINSTATEMENT 03

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

10/25/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State
OSPNEY Florida

City & State
OSPNEY Florida

651160572

Not Applicable

Zip
34229

Country

Zip
34229

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BROTHERS, CAROL A	907 SARA BAY RD. 930	OSPNEY FL 34229

400023968084
10/21/03--01052--022 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BROTHERS, CAROL A
907 SARA BAY RD.
OSPNEY FL 34229

Name

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

930 SARABAY RD.

Suite, Apt. #, Etc.

City

OSPNEY

State

FL

Zip Code

34229

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

Carol Brothers

Date

10-15-03

REGISTERED AGENT MUST SIGN

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:

CAROL BROTHERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-03

Date

Daytime Phone #

941
356-0796

CR2040 (7/03)

10-15-03

ATT: In speaking with Ruby on 10-14-03
in regard to not receiving my uniform
business reports, she said I could ask
to have the reinstatement fee waived.
I would appreciate it as in the address
was incorrect on the letters. I have made
the adjustments on the new form.
Thank-you!

Carol Brothel

President
