

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000150776

Entity Name: BRANDON CORLE, INC.

FILED
Oct 03, 2005
Secretary of State

Current Principal Place of Business:

6899 S. STRAIGHT AVE.
HOMOSASSA, FL 34446

New Principal Place of Business:

Current Mailing Address:

6899 S. STRAIGHT AVE.
HOMOSASSA, FL 34446

New Mailing Address:

FEI Number: 20-0497398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHILTON, KIMBERLY D
6960 S. STRAIGHT AVE
HOMOSASSA, FL 34446 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KIMBERLY D CHILTON

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CORLE, BRANDON P
Address: 6899 S. STRAIGHT AVE.
City-St-Zip: HOMOSASSA, FL 34446

Title: VP () Delete
Name: GORMAN, MICHAEL
Address: 6899 S. STRAIGHT AVE.
City-St-Zip: HOMOSASSA, FL 34446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRANDON CORLE

P

10/03/2005

Electronic Signature of Signing Officer or Director

Date