

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Sandra E. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 21 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000003674

1. Corporation Name

BRICKELL INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

18551 NO. TAMiami TRAIL
NO. FT. MYERS FL 33903

18551 NO. TAMiami TRAIL
NO. FT. MYERS FL 33903

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

106 Hancock Bridge
Suite, Apt. #, etc.
D15-543

106 Hancock Bridge
Suite, Apt. #, etc.
D15-543

City & State
Cape Coral FL

City & State
Cape Coral FL

Zip
33991

Zip
33991

Country
USA

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/1992

5. FEI Number

65-0381220

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	KANAVOS, MARK	19 GEORGETOWN	FT MYERS FL 33919

TS 12/23/98 ARZ

100002724101--6
-12/28/98-01142-018
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KANAVOS, MARK
~~18551 NO. TAMiami TRAIL~~
NO. FT. MYERS FL 33903

Name

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

19 Georgetown

Suite, Apt. #, Etc.

Ft. Myers

City

State

FL

Zip Code

33919

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.

Signature of
Registered Agent

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (9/98)

MARK D. KANAVOS
106 Hancock Bridge Parkway Unit D15-543
Cape Coral, FL 33991
(941) 731-2700 Telephone (941) 283-8754 Telefax

2

December 13, 1998

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

I spoke with your office on Thursday regarding the reinstatement form I received in the mail. We moved July, 1997. The new company that moved into our old address has just forwarded this to me. Your office said to send in the \$150.00 due to the address confusion.

Thank you in advance for reinstatement of the corporation.

Sincerely,


Mark D. Kanavos