

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000001149

1. Corporation Name

BRENT KELLER HOMES, INC.

Principal Place of Business

Mailing Address

7601 CONROY-WINDERMERE RD.
ORLANDO FL 32811

7601 CONROY-WINDERMERE RD.
ORLANDO FL 32811

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

11548 Osprey Pointe Blvd.

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Clermont, FL

5. FEI Number

59-3167448

Applied For

Not Applicable

Zip

Country

Zip

Country

34711

Lake

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	KELLER, BRENT	7601 CONROY-WINDERMERE RD.	ORLANDO FL 32811
		11548 Osprey Pointe Blvd.	Clermont, FL 34711

400002826224--0

-04/01/99--01052--003

****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KELLER, BRENT

7601 CONROY-WINDERMERE RD.

ORLANDO FL 32811

Name

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

11548 Osprey Pointe Blvd.

Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

34711

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #