

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

98 NOV 30 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000018104

1. Corporation Name

MILBRUN ASSOCIATES, INC.

Principal Place of Business

Mailing Address

3218 W AZEELE ST
TAMPA FL 33609

3218 W AZEELE ST
TAMPA FL 33609

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

03/05/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3171238

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

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)

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	MILLER, JEFFREY L	3218 W AZEELE ST	TAMPA FL 33609
D	BRUNHILD, GORDON	501 RIVIERA DR	TAMPA FL 33606
			400002707434--3 -12/09/98--01072--020 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HINES, JAMES P
315 S HYDE PARK AVE
TAMPA FL 33606

Name

Maurice Brunhild

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

3314 Henderson Blvd #107

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33609

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

Maurice Brunhild

REGISTERED AGENT MUST SIGN

Date 11/24/98

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

Yes ☒ No ☐

(See instructions 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

11/25/98

Date

Daytime Phone #

813-822-7980

CR2E040 (9/98)

Wfz

**BRUNHILD PROPERTIES, INC
3314 HENDERSON BLVD #107
TAMPA, FLORIDA 33609
(813) 872-7980**

November 24, 1998

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To whom it may concern:

I have enclosed a check for \$150.00 to renew our corporate license. I called your office and the person I spoke to was very helpful and felt certain that the corporation could be reinstated without the late fee by me writing this letter of explanation provided that we had filed in the past on a timely basis. To the best of my knowledge we have.

The notices do not come directly to my office, therefore this is the first notice that I have received. I am a small business owner that relies on notification to meet various deadlines. I am responding immediately upon receiving this notification. Your consideration in this matter is greatly appreciated.

MIKE BRUNHILD, BROKER

Mike Brunhild