

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 # **P94000036924**

1. Corporation Name

BRUST CONSULTING, INC.

Principal Place of Business

Mailing Address

~~1557 RIVERGATE DRIVE~~
~~JACKSONVILLE FL 32223~~

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~~JACKSONVILLE FL 32223~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2328 SARAGOSSA AVE

3. New Mailing Office Address, If Applicable

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

DUVAL

Zip

32217

Country

FL

Zip

DUVAL

Country

FL

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	BRUST, BERNARD	4670 AIA SOUTH SUITE 2207 2328 SARAGOSSA AVE	ST. AUGUSTINE FL 32084 JACKSONVILLE FL 32217
C	BRUST, STEVEN E	50 N. LAURA STREET, SUITE 2200	JACKSONVILLE FL 32202
D	BRUST, ROBERT	4670 AIA SOUTH SUITE 2207 2328 SARAGOSSA AVE	ST. AUGUSTINE FL 32084 JACKSONVILLE FL 32217
			200002007322--5
			-11/19/96--01008--007
			***375.00 ***375.00
			JB11-5-91

8. Name and Address of Current Registered Agent

BRUST, STEVEN E ESQ.
BAUMER, BRADFORD & WALTERS, P.A.
50 N. LAURA STREET, SUITE 2200
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/21/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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

10/17/96

Date

904 448 8978

Daytime Phone #



REINSTATEMENT

05/10/1994

5. FEI Number

59-3242197

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

CRS-000 (7/90)