

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 APR 15 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000043542

1. Corporation Name

C + B OF VENICE, INC.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, if applicable
1319 GUARDIAN DR.

3. New Mailing Office Address, if applicable
1319 GUARDIAN DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City
VENICE FL

City & State
VENICE, FL

Zip
34292

Country
USA

Zip
34292

Country
USA

REINSTATEMENT

97-990
781
4/15/99

4. Date Incorporated or Qualified To Do Business in Florida

JUNE 10, 1994

5. FEI Number

65-0500005

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
P/D	SUSAN C. LOUIS	1319 GUARDIAN DR.	VENICE, FL 34292

200002854342--7
-04/27/99--01099--015
***1058.75 ***1058.75

8. Name and Address of Current Registered Agent

SUSAN C. LOUIS
1319 GUARDIAN DR.
VENICE, FL 34292

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

Susan C. Louis

REGISTERED AGENT MUST SIGN

Date

4/12/99

11. This corporation owes 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)(b), 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:

Susan C. Louis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99 941-484-5877
Date Daytime Phone #

CR2E001 (12-98)