

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPROVED
AND
FILED**

1997 APR 14 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # **994000093273**

1. Corporation Name

**CBB CONSULTANTS, INC.
Re/Max Consultants Realty**

Principal Place of Business

**1500 Cordova Rd, #300
Ft Lauderdale, FL 33316**

Mailing Address

**1500 Cordova Rd, #300
Ft Lauderdale, FL 33316**

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

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

January 1, 1995

5. FEI Number

65-0551664

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	Theodore M. Moses	1500 Cordova Rd, #300	Ft Lauderdale, FL 33316
VD	Daniel L. Smith	1500 Cordova Rd, #300	Ft Lauderdale, FL 33316
SD	Browne Pearson	1500 Cordova Rd, #300	Ft Lauderdale, FL 33316
			300002143953--1 -04/15/97--01084--001 ****915.00 ****915.00
			REINSTATEMENT

8. Name and Address of Current Registered Agent

**Theodore M. Moses
1500 Cordova Rd, Suite 300
Ft Lauderdale, FL 33316**

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]
REGISTERED AGENT MUST SIGN

Date

4/8/97

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]* **Browne Pearson, Secretary**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(954) 767-4667

Daytime Phone #

CR2040 (12/96)