

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

98 DEC 17 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000012104

1. Corporation Name

Brentwood Development Group Incorporated

Principal Place of Business

Mailing Address

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

REINSTATEMENT

2. New Principal Office Address, If Applicable

c/o Cummings & Lockwood

3. New Mailing Office Address, If Applicable

c/o Cummings & Lockwood

4. Date Incorporated or Qualified To Do Business in Florida

02/13/1995

Suite, Apt. #, etc.

3001 Tamiami Trail North

Suite, Apt. #, etc.

3001 Tamiami Tr. North

5. FEI Number

65-0566175

Applied For

City & State

Naples, Florida

City & State

Naples, Florida

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	Arthur A. Shafran	2154 Trade Center Way	Naples, FL 34109
			800002720638--4 -12/23/98--01046--019 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

R. Scott Price, Esq.  
2640 Golden Gate Parkway  
Suite 315  
Naples, FL 34105

Name

CLASP, INC

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

3001 Tamiami Trail North

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34103

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

*Arthur A. Shafran*

Vice President of CLASP, Inc

Date December 16, 1998

REGISTERED AGENT MUST SIGN

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:

*Arthur A. Shafran*

Arthur A. Shafran

12/16/98

(941) 597-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2000 (1/98)