

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED  
96 NOV -4 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000080987**

1. Corporation Name

**BRESKY & KEHL ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

~~4475 CORPORATE SQUARE  
NAPLES FL 33942~~

~~4475 CORPORATE SQUARE  
NAPLES FL 33942~~



REINSTATEMENT *96 aw*

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

10/16/1995

*12902 Coco Plum Lane*

*Same AS # 2*

5. FEI Number

65-0604017

Applied For

Not Applicable

*NAPLES, Florida*

City & State

*34109 Collier*

Zip Country

6. CERTIFICATE OF STATUS DESIRED

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	BRESKY, OTTO	12902 COCO PLUM LANE	NAPLES FL 33909
<del>D</del>	<del>KEHL, MICHAEL</del>	<del>4475 CORPORATE SQUARE</del>	<del>NAPLES FL 33942</del>
			000002001180-5 -11/08/96--0118--012 ****383.75 ****383.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KEHL, MICHAEL  
4475 CORPORATE SQUARE  
NAPLES FL 33942

Name: **ANDREW G SIKET**  
Street Address (P.O. Box Number is Not Acceptable): **2640 GOLDEN GATE PARKWAY**  
Suite, Apt. #, Etc.: **Suite 315**  
City: **NAPLES** State: **FL** Zip: **34105**

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

*Andrew G Siket*  
**REQUIRED**  
REGISTERED AGENT MUST SIGN

Date: **10/31/96**

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: *Otto Bresky*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Otto Bresky, Director**

10/31/96

941/591-0230

Date Daytime Phone #