## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING PROPERTY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

**APPLICATION FOR** REINSTATEMENT



Secretary of State DIVISION OF CORPORATIONS

96 NOV -4 PH 12: 01

AND

FILED

SECRETARY OF STATE

DOCUMENT #

1. Corporation Name

P95000080987

BRESKY & KEHL ASSOCIATES, INC.

Principal Place of Business	Malling Address	<del></del>		
-44% COSPORATE-SOUATE	HITS CONFORMITE COUNTE			
-NAPLEO-FL-00NE	-HAPLES-FL-2004)		REINSTATEN	
If above addresses are incorrect in any way, line throu	ach incorrect information and enter	correction below	JEILAO I WIEIA	ieni 76 ad
New Principal Office Address, If Applicable	3. New Mailing Office Address, If	Applicable	Date Incorporated or Qualific To Do Business in Fiorida	d 10/16/1905
12902 Coco Plum Lave		45+2	5. FEI Number	Applied For
CHN APIES, Florion	City & State		65 <u>-</u> 0604017	Not Applicable
34109 Collier	Zip Counts		CERTIFICATE OF STATUS DES	RED X
7. Names and Street Addresses of Each Officer and/or			st 3 directors)	
Title(s) Name of Officers and/or Directors 1 2	Str Of 3 (Do NOT U	eet Address of Each ficer and/or Director se Post Office Box No	umbers) 4	City / State / Zip
D BRESKY, OTTO	12902 COCO F	LUM LANE	NAPLES FL	<b>55000</b>
-D-KGIL, MICHAEL	4475 CORPOR	HTE GOUVE	WYES R.	<del>1912 -</del>
				8/96-01118-012 383:75 ****383:75
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Name and Address of Current Registered Agent			9. Name and Address of New	Registered Agent
KEHL, MICHAEL		ANDRO	ew 6 Sik	er ·
4475 CORPORATE SQUARE NAPLES FL 33942		2640	Golden GATE	PARKNAY
INFLES PL SSM2		Saite	<u> </u>	
10. I, being appointed the registered agent of the above		WAPI	es	FL 39/05
Signature of Registered Agent	amed orporation, any familiar w	JIRED	ligations of Section 607,0505, F.S. Date 10	

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 517, F.S. I further certify that when thing 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 (19.07(3)0), F.S. The information indicate on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Yes 📖

Director.

No L

10/31/96 SIGNATURE:

941/591-0230

(See other side for information

Dept. of Revenue under S. 199.032, Florida Statutes.

11. Does this corporation pay any intangible tax to the

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