

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000021628

1. Corporation Name

CENTRAL INDUSTRIES INTERNATIONAL OF BROWARD, INC.

Principal Place of Business

950 CORAL RIDGE DRIVE
CORAL SPRINGS FL 33071

Mailing Address

950 CORAL RIDGE DRIVE
CORAL SPRINGS FL 33071

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

2. New Principal Office Address, If Applicable

1440 Coral Ridge DR
Suite, Apt. #, etc.
178
City & State
Coral Springs, FL 33071
Zip
33071
Country
USA

3. New Mailing Office Address, If Applicable

1440 Coral Ridge DR
Suite, Apt. #, etc.
178
City & State
Coral Springs FL
Zip
33071
Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/10/1997

5. FEI Number

65-0742705

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
President	Mitchel Chapman	1440 Coral Ridge DR Suite 178	Coral Springs FL 33071
Secy	Theresa Chapman	1440 Coral Ridge DR Suite 178	Coral Springs FL 33071

8. Name and Address of Current Registered Agent

LOVELL, JEFFREY B
1591 E ATLANTIC BLVD
POMPANO BEACH FL 33080

9. Name and Address of New Registered Agent

Name Theresa Buella
Street Address (P.O. Box Number is Not Acceptable)
1442 NW 127th Way
Suite, Apt. #, Etc.

City Coral Springs

State FL

Zip Code 33071

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

10/21/95

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

Daytime Phone #

10/21/95 954-753-4523