

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
REINSTATEMENT



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

FILED

98 DEC -7 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000052958

1. Corporation Name

LOVETT & BROWN BOOKS, INC.

Principal Place of Business

Mailing Address

1746 W OAKLAND PARK BLVD
OAKLAND PARK FL 33311

2817 SW 6TH ST
FT LAUDERDALE FL 33312



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

06/16/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0761974

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	LOVETT, ETHERIDGE	1746 W OAKLAND PARK BLVD	OAKLAND PARK FL 33311
D	BROWN, JAMES E	1746 W OAKLAND PARK BLVD	OAKLAND PARK FL 33311

600002712586--7
-12/15/98--01029--013
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOVETT, ETHERIDGE G
1746 W OAKLAND PARK BLVD
OAKLAND PARK FL 33311

Name

Gary A. Feder, Esq.

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

1701 W. Hillside Blvd.

Suite, Apt. #, Etc.

302

City

Deerfield Beach

State

FL

Zip Code

33442

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/4/98

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

Date

Daytime Phone #

December 4, 1998 (954) 963-8809

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC -7 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000083718

1. Corporation Name

CHEROKEE PARKING BUMPERS, INC.

Principal Place of Business

4800 Patch Rd.
11112 OWNBY CT
ORLANDO FL 32837
32822

Mailing Address

PO Box 721236
11112 OWNBY CT
ORLANDO FL 32837
32872



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

2. New Principal Office Address, If Applicable

4800 PATCH RD

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32822

Country

USA

3. New Mailing Office Address, If Applicable

PO Box 721236

Suite, Apt. #, etc.

City & State

ORL FL

Zip

32872

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

10/26/1995

5. FEI Number

59-3341568

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
D	HERNDON, WILLIAM K	11112 OWNBY CT 2623 Creekview Circle	ORLANDO FL 32837 Orlando FL 32765
VP	WANSER, WANDA	11112 OWNBY COURT	ORLANDO FL

000002712530-5
-12/15/98-01029-014
***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HERNDON, WILLIAM K
11112 OWNBY CT
ORLANDO FL 32837
2623 Creekview Cir
Orlando FL 32765

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 REQUIRED

Date

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED40 (9/98)