

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name

Brookside Development Corporation

Principal Place of Business

Mailing Address

~~116 N PINELLAS AVE~~
~~TARPON SPRING FL 34689~~

~~146 N. PINELLAS AVE.~~
~~TARPON SPRGS FL 34689~~

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip 34698

Country
USA

Zip 34698

Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

59-3496997

Applied For

6. **CERTIFICATE OF STATUS DESIRED I**

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	4 City / State / Zip
PS	SHEEKS, MICHAEL R	110 N. PINELLAS AVE. 1660 Sparkling Court	TARPON SPRGS FL 34689 Dunedin, FL 34698
			2000003105662--3 -01/21/00--01004--020 ****450.00 ****450.00
		98-00	TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHEEKS, MICHAEL R
116 N. PINELLAS AVE.
TARPON SPRGS FL 34689

Name _____

Name ZED M. Turner

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

3295 Tarpon Woods Blvd
Suite, Apt. #, Etc.

Suite, Apt. #, Etc.

City

Palm Harbor

State
FL

Zip Code
34685

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

**Signature of
Registered Agent**

REGISTERED AGENT MUST SIGN

Date _____

Date 1/7/00

11. 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)(f), F.S. The information 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

Dates

Daytime Phone #