

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 APR 24 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000076560

1. Corporation Name

Bremer Enterprises, Inc.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, if Applicable

5134 Kensington High

3. New Mailing Address, if Applicable

5134 Kensington High

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples FL

Zip 34105

Country USA

Zip 34105

Country USA

REINSTATEMENT 99-00

4. Date Incorporated or Qualified To Do Business in Florida

9-2-98

5. FEI Number

65-0873375

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SEE ATTACHED FORMS 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
P.S.D	Gary M. Bremer	5134 Kensington High Naples FL 34105	Naples, FL 34105

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-05/11/00--01003--023

\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 South Pine Island Road  
Plantation, FL 33324

9. Name and Address of New Registered Agent

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 for the obligations of Section 607.0505, F.S.

Signature of Registered Agent

JENNIFER FAUPEL  
ASSISTANT SECRETARY

Date

January 17, 2000

REGISTERED AGENT MUST SIGN

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/00 941-403-8354