

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 25 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000066230

1. Corporation Name

TRUSTY-BROMIDGE & TRUSTY, INC.

Principal Place of Business

Mailing Address

~~5138 MILL STREAM RD.~~
~~OC0EE FL 34761~~

~~5138 MILL STREAM RD.~~
~~OC0EE FL 34761~~



500015477565
04/08/03--01072--021 **150.00

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

2. New Principal Office Address, If Applicable.

TRUSTY-BROMIDGE LINDA

3. New Mailing Office Address, If Applicable

TRUSTY, JACK D JR

Suite, Apt. #, etc.

960, HIGHGATE BLVD

Suite, Apt. #, etc.

1020, WESTEND ROAD

City & State

WINTER GARDEN.

City & State

THOMPSONVILLE, IL.

~~FLORIDA~~

~~34787 USA.~~

~~62870~~

~~USA.~~

4. Date Incorporated or Qualified
To Do Business in Florida

07/26/1999

5. FEI Number

59-3655012

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75-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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	TRUSTY-BROMIDGE, LINDA	5138 MILL STREAM RD.	OC0EE FL 34761
DST	BROMIDGE, IAN	5138 MILL STREAM RD. SAME AS LINDA, 960 HIGHGATE	OC0EE FL 34761 WINTER GARDEN.
DV	TRUSTY, JACK D JR	320 ROBERTS RD.	GALLITIA IL 62035

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TRUSTY-BROMIDGE, LINDA

~~5138 MILL STREAM RD.~~

~~OC0EE FL 34761~~

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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. or 617.0505, F.S.

Signature of
Registered Agent

Linda Bromidge
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

4/6/2003

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)(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:

Linda Bromidge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/03

CR2E040 (6/02)

4/23/03.

Dear Mr Justin Shivers

My stepson in THOMPSONVILLE phoned me about our Patent Payment.
We had a bit of confusion last year with our form and payment.

First of all we forgot to sign our name on the last years form, so you sent it back to us.

Then my stepson paid the \$150.00 for us, but you wouldn't except it because it was sent from out of state. So again it was sent back to us, which made it later in 2002. So we had to write you another check from us in Florida.

We are up to date with our Payments to you, so we should not have to pay any late payments.

Yours Sincerely

Mr Ian J. Bromidge

IAN J. BROMIDGE

P.S. IAN AND LINDA BROMIDGE, HAVE A NEW ADDRESS

ALSO JACK TRUSTY JR HAS A NEW ADDRESS

I HOPE THIS LETTER WILL BE ENOUGH EXPLANATION FOR YOU TO REINSTATE US.

Thanks JB/