

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # S82325

01 MAR 22 PM 4:32

1. Corporation Name

SMALL BUSINESS SERVICES OF CHARLOTTE COUNTY, IN
C.

Principal Place of Business

Mailing Address

2616 TAMiami TRAIL
HERITAGE SQUARE - SUITE 3
PORT CHARLOTTE FL 33952

2616 TAMiami TRAIL
HERITAGE SQUARE - SUITE 3
PORT CHARLOTTE FL 33952



REINSTATEMENT 00-01

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

09/24/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0285524

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DV	OMERZU, MICHAEL A.	21052 KEARNEY AVE.	PT. CHARLOTTE FL
DPT	OMERZU, TOMMIE W.	21052 KEARNEY AVE.	PT. CHARLOTTE FL
S	OMERZU, ANTHONY M	1425 RENEE DR.	DECATUR GA 30030
VP	AUGHEY, THEODORE	2909 GUADALUPE DRIVE	PUNTA GRODA FL
			200003911902-7 -03/27/01--01045--021 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OMERZU, MICHAEL A.
2616 TAMiami TRAIL
HERITAGE SQUARE - SUITE 3
PORT CHARLOTTE FL 33952

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]

Date 2/12/01

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/01

Date

Daytime Phone #

941-627-5365

CR2E040 (8/00)