

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 NOV 20 PH 1:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L83976**

1. Corporation Name

**BERN BRITE ELECTRIC CORP.**

REINSTATEMENT **02**



200009112042  
11/20/02--01062--005 \*\*750.00

Principal Place of Business

6545 NW 11 ST  
MARGATE FL 33063  
US

Mailing Address

6545 NW 11 ST  
MARGATE FL 33063  
US

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

2. New Principal Office Address, If Applicable

**2969 N. DIXIE HWY**  
Apt. #, etc.  
**APT 628**

City & State  
**OAKLAND PK. FL**

Zip  
**33334** Country  
**BROWARD**

3. New Mailing Office Address, If Applicable

**2969 N. DIXIE HWY**  
Suite, Apt. #, etc.  
**APT 628**

City & State  
**OAKLAND PK FL**

Zip  
**33334** Country  
**BROWARD**

4. Date Incorporated or Qualified  
To Do Business in Florida

**06/28/1990**

5. FEI Number

**65-0205825**

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	BROWN, BERNELL G	6545 NW 11 ST	MARGATE FL 33063
	Bernell Brown	2969 N. Dixie Hwy Apt. 628	OAKLAND PK FL 33334
	Bernell Brown	2969 N. Dixie Hwy Apt 628	OAKLAND PK FL 33334
	Bernell Brown	2969 N. Dixie Hwy. Apt 628	OAKLAND PK. FL 33334
	Bernell Brown	2969 N. Dixie Hwy. Apt 628	OAKLAND PK. FL 33334
	Bernell Brown	2969 N. Dixie Hwy. Apt. 628	OAKLAND PK. FL 33334

8. Name and Address of Current Registered Agent

BROWN, BERNELL G  
6545 NW 11 ST  
MARGATE FL 33063

9. Name and Address of New Registered Agent

Name **Bernell Brown**  
Street Address (P.O. Box Number is Not Acceptable)  
**2969 N. DIXIE HWY A**  
Suite/Apt. #, Etc.  
**APT 628**  
City  
**OAKLAND PK FL 33334** 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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date **11.13.02**

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 REQUIRED** **Bernell Brown** **11.13.02** **954 6302114**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/02)