

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 FEB 13 PM 2:05


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800089298898
02/27/07--01010--007 **1050.00

REINSTATEMENT

05-07 CR2E081 (1/07)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000043878
1. Corporation Name
Ruiz Enterprises #2, Inc

| | | | |
|----------------------------------------------------------------------------|------------------------|----------------------------------------------------------|------------------------|
| 2. Principal Office Address - No P.O. Box # 1627 Brickell Avenue | | 3. Mailing Office Address 1627 Brickell Avenue | |
| Suite, Apt. #, etc. Suite 2806 | | Suite, Apt. #, etc. Suite 2806 | |
| City & State Miami, FL | | City & State Miami, FL | |
| Zip 33129 | Country Dade | Zip 33129 | Country Dade |

| | | |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------|
| 4. Date Incorporated or Qualified To Do Business in Florida 06/13/1994 | | |
| 5. FEI Number 65-0502933 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | | |

7. Name and Address of Current Registered Agent

Name
Jose M. Barreneche

Street Address (P.O. Box Number is Not Acceptable)
14307 SW 100 Lane

Suite, Apt. #, Etc.

City
Miami, FL

State
FL

Zip Code
33186

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Jose M. Barreneche* Date 2-2-2007

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|-----------------------------------|------------------------------------------------|--------------------|
| PSD | Nelson O. Ruiz | 1627 Brickell Avenue #2806 | Miami, FL 33129 |
| | | | |
| | | | |
| | | | |
| | | | |

10. 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 contained in Chapter 119, 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: *Nelson O. Ruiz* Date 2-2-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 FEB 13 AM 10:22

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

600089293786
02/27/07--01006--030 **1200.00

REINSTATEMENT


04-07 CR2E081 (12/05)
sp

4. Date Incorporated or Qualified
To Do Business in Florida 12/15/93

5. FET Number 59 3237339
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name
Britannia Antiques, Inc.
Doc # P93000086616

W01000004508

2. Principal Office Address
225 NW REAL TERRACE
~~Route 2 Box 170~~

3. Mailing Office Address

Suite, Apt. #, etc.

City & State
Lake City, FL

Zip 32055 Country USA

7. Name and Address of Current Registered Agent

Name
Marcus A. Billington

Street Address (P.O. Box Number is Not Acceptable)
225 NW Real Terrace

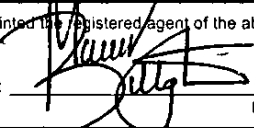
Suite, Apt. #, Etc.

City
Lake City

State FL Zip Code 32055

BV/26/07
04-07

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

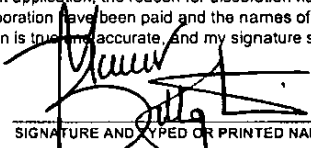
Signature of Registered Agent  Date 01/10/07

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|-----------------------------------|------------------------------------------------|--------------------------|
| V | Walter Aspinall | Union Mill, Watt Street | Sabdenv, Lancps, England |
| V | Beryl J. Aspinall | Union Mill, Watt Street | Sabdenv, Lancps, England |
| PRES | MARCUS BILLINGTON | 225 NW, REAL TERRACE | LAKE CITY, FL. 32055 |
| | | | |
| | | | |

10. 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 contained in Chapter 119, 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:  **MARCUS BILLINGTON** 01/10/07 (386) 755-0120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #