PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

98-99

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

FILED
99 FEB 10 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P96000099752

1. Corporation Name

BRETT RYAN, INCORPORATED

Principal Place of Business	Mailing Address
1951 10th Avenue North Lake Worth, FL 33461	1951 10th Avenue North Lake Worth, FL 33461

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

REINSTATEMENT 98-99 768 2/10/99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
2501 Bristol Drive	2501 Bristol Drive
Suite, Apt. #, etc.: Suite #3-A	Suite, Apt. #, etc.: Suite #3-A
City & State: West Palm Beach, FL	City & State: West Palm Beach, FL
Zip: 33409 Country: USA	Zip: 33409 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 12/09/96

5. FEI Number: 65-0719757 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.25 [illegible]

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	PEFLEY, PAUL S. III	1533 SW Seagull Way	Palm City, FL 34990

8. Name and Address of Current Registered Agent

PEFLEY, PAUL S. III
2501 Bristol Drive
Suite #3-A
West Palm Beach, FL 33409

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 the obligations of Section 607.0505, F.S.

Signature of Registered Agent — REGISTERED AGENT MUST SIGN — Date 1-21-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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 — Date 1-21-99 — (561) 642-9807 Daytime Phone #

TOTAL P.02