

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 23 PM 3:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F96000004623

1. Corporation Name

Business Risk Technology, Inc.

REINSTATEMENT 01-03  
04/01/03 01067 011#76:00  
100021958721  
07/31/03--01038--009 \*\*971.25

2. Principal Office Address

600 N. Pine Island Rd

Suite, Apt. #, etc.

Suite 404

City & State

Plantation, FL

Zip

33324

Country

USA

3. Mailing Office Address

600 N. Pine Island Rd.

Suite, Apt. #, etc.

Suite 404

City & State

Plantation, FL

Zip

33324

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida September 4, 1996

5. FEI Number

65-0667586

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Edwin M. Millette, Jr.

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

600 N. Pine Island Road

Suite, Apt. #, Etc.

Suite 400

City

Plantation

State

FL

Zip Code

33324

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

*Edwin M. Millette, Jr.*

REGISTERED AGENT MUST SIGN

Date 7/30/03

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
P	Edwin M. Millette, Jr.	600 N. Pine Island Rd Suite 400	Plantation, FL 33324
V	Steve Repetti	600 N. Pine Island Rd. Suite 401	Plantation, FL 33324
S/T	Angela Smith	600 N. Pine Island Rd. Suite 401	Plantation, FL 33324

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 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:

*Edwin M. Millette, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/03

Date

Daytime Phone #

Sign