			COMPLETING THIS FORM.
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTME Sandra B. Mo Secretary of S DIVISION OF CORPO	NT OF STATE rtham State	
DOCUMENT # 5/2/11/2		98 JUN 15 PM 9: 13	
1. Corporation Name Brenners Inc.			SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business Mailing Address			
415 East Princeton St.			
Orlando, FL 3280			
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	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Number Applied For
City & State	City & State		59-1563851 Not Applicable
Zip Country	Zıp Count		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required tor a Certificate of Status
7. Names and Street Addresses of Each Officer and/o Name of Officers and/or Directors	St	reet Address of Each ficer and/or Director se Post Office Box N	ch City / State / Zip
Pres. Macy Brenner 415 E. PRINCETT			
V.P. Malka Webma		Come	0000025619909
			1650.00 *1650.00
V.P Edward Brenner Same		same	REINSTATEMENT <u>42.48</u>
VP Marc Drerr	er	same	
VP David Brenr		Same	-500
S/T GOIDY Brenn 8. Name and Address of Current R	· · · · ······························	same	9. Name and Address of New Registered Agent
Jerome J. Bonstein Name Line			
IIII E Amelici St. Street Address (P.O.			VIQ Moss E (P.O. Box Number is Noi Acceptable) gr E Princeton St
Orlando, 12 32803			
10. I, being appointed the registered agen of the above	e named corporation, am familiar w	ith and accept the obl	
Signature of Registored Agent	SISTERED AGENT MUST SIGN		Date _ (0) 10/98
11. This corporation owes or has paid 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.			
MR 407			
SIGNATURE: SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			