PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.	
APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT O Katherine Harris Secretary of State DIVISION OF CORPORATION	
DOCUMENT # 55/995	99 MAY 24 PM 1: 10
JAMES M. BREENING, INC.	TOREWALL AT STATE TALLAHASSTE, FLORIDA
	Internincola, FLORIDA
Principal Place of Business Mailing Address 1905 NORTH ANDREWS AVENUE	
F+ LAUDERDALE, FL 33311	
·	ion below. REINSTATEMENT 97-99
If above addresses are incorrect in any way, line through incorrect information and enter correct 2. New Principal Office Address, If Applicable 1905 IN ANDREWS AUE 1905 N ANDREWS	able 4. Date Incorporated or Qualified
Suite, Apt. #, etc. Suite, Apt. #, etc.	5. FEI Number Applied For
City & State FE LAJO FL City & State FT LAJO FC	59-1772626 Not Applicable
Zip 33311 BROWARD 33311 Country BRIV	
	rust list at least 3 directors) tress of Each d/or Director City / State / Zip
PSTD JAMES M BREEDING 2009 NE 24ST FT has PL 33305	
	0000028 9 81207
	-06/08/9301048010 ***1058.75 ***1058.75
	****1030-13
8. Name and Address of Current Registered Agent Nam Nam Nam	9. Name and Address of New Registered Agent E TAMES M BAFFAING
Stree	a) Address (P.O. Box Number is Not Acceptable) 105 N AN DREWS AUCT
	Apt. #, Etc.
	F+ LAJO FL 3331/
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 V. F. G. T. M. Registered Agent V. F. M. Registered Agent V. F. G. T. M. Registered Agent V. F. M. Registered Agent V. F. M. Registered Agent V. M. Registered	
Signature of Registered Agent X - Jan In Registered Agent MUST SIGN Date 5/17/59	
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 filling 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 ir formation indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	
SIGNATURE: XI SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 5 / 17 / 99 (954) 563-8407	