

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
T. Kenneth Harbo
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 590988

1. Corporation Name

Bobby BREEN ENTERPRISE INC

2. Principal Office Address

8851 W. McNAB RD

Suite, Apt. #, etc.

3. Mailing Office Address

8851 W. McNAB RD

Suite, Apt. #, etc.

City & State

TAMARAC, FLA

City & State

TAMARAC, FLA

Zip

33321

Country

USA

Zip

33321

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

OCT. 24, 1978

5. FEI Number

1D-59-189-8193

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

SP

7. Name and Address of Current Registered Agent

Name

Audre BREEN

300003310693-8

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

8851 W. McNAB RD

Suite, Apt. #, Etc.

07/03/00 01009-004

****458.75 ****458.75

City

TAMARAC

State

FL

Zip Code

33321

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

Audre Breen

Date

5/30/2000

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
PRES	Bobby Breen	8851 W. McNAB RD	TAMARAC, FL, 33321
TREAS	Audre Breen	8851 W. McNAB RD	TAMARAC, FL, 33321
SECR	JACKIE HOWARD	8851 W. McNAB RD	TAMARAC, FL, 33321
V.P	RONNIE HOWARD	8851 W. McNAB RD	TAMARAC, FL, 33321

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:

Audre BREEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/30/2000

Daytime Phone #

954-726-7001

CR2E081 (9/99)

Attachment
DH 590988

BOBBY BREEN ENTERPRISES, INC.

8851 West McNAB Road
Tamarac, Florida 33321

Telephone 954-726-7001

Fax 954-726-7005

License #TA0000589

www.bobbybreen.com

May 30, 2000

Dept of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Gentlemen:

Thank you for sending the reinstatement form.

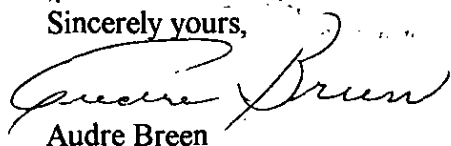
I would appreciate it very much, if you would wave the reinstatement fee; due to the fact, we have not received any forms from you since 1998. The gentleman that was taking care of our books at that time became very ill, and never informed me that I should look for this form each year.

I should have been aware but, was just plain stupid. It will never happen again.

The gentleman I spoke to told me to send the enclosed \$450.00, which I added \$8.75 for the Certificate of Status.

Thanking you in advance.

Sincerely yours,



Audre Breen

AB:jh

Enclosures: 4