

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # F00000006575

1. Corporation Name

BRIGGS ENGINEERING, INC.

03 OCT 14 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2003



100023791121

10/14/03--01056--026 **750.00

Principal Place of Business

1800 W. OVERLAND ROAD
BOISE ID 83705-3142

Mailing Address

1800 W. OVERLAND ROAD
BOISE ID 83705-3142

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/27/2000

5. FEI Number

82-0408570

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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 3	City / State / Zip 4
C	BRIGGS, WILLIAM W	1800 W. OVERLAND ROAD	BOISE ID 83705
P	BRIGGS, DEAN W	1800 W. OVERLAND ROAD	BOISE ID 83705

8. Name and Address of Current Registered Agent

SCHIENERT, ARTHUR
3501 EMERALD POINT DRIVE, APT. 3041A
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name: BONNIE SCHWARTZ
Street Address (P.O. Box Number is Not Acceptable): 710 13th AVE.
Suite, Apt. #, Etc.:

City: ST. PETERSBURG

State: FL

Zip Code: 33710

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. or 617.0505, F.S.

Signature of
Registered Agent

Bonnie Schwartz
REGISTERED AGENT MUST SIGN

Date

10/10/03

11. 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:

Dean Briggs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10.10.03

Daytime Phone #

CR2E040 (7/03)