

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F40430

1. Corporation Name

BRYANT REPORTING, INC.

Principal Place of Business

870 NW 86 AVENUE  
APT. 704  
PLANTATION, FL 33324

Mailing Address

P.O. BOX 17532  
PLANTATION  
FL 33318

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

NA

3. New Mailing Office Address, If Applicable

NA

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1982

5. FEI Number

59-2207728

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<u>PRES.</u>	<u>MARTHA A BRYANT</u>	<u>870 N.W. 86 AVE. 704</u>	<u>PLANTATION, FL 33324</u>

400002861604--9  
-05/04/99--01042--005  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

ALLAN M. RUBIN  
SHUTTS & BOWEN LLP  
2000 FIRST UNION CTR  
200 E. BROWARD BLVD  
FORT LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name NA

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

Suite, Apt. #, Etc

City

State  
FL

Zip Code

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

[Signature]  
REGISTERED AGENT MUST SIGN

Date

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 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 119.02(3)(b), 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: MARTHA A BRYANT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/24/99  
Daytime Phone # 954 473 4947