## APPLICATION **FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

**DIVISION OF CORPORATIONS** 

**DOCUMENT #** 

F92734

1. Corporation Name

## BREDER CONSTRUCTION CORP.

9861, S.W. 184TH ST. MIAMI FL 33157

Principal Place of Business

MIAMI FL 33157

Mailing Address

9861 S.W. 184TH ST. US

07/27/99 90024 006 \$150.00

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

If above addresses are incorrect in any way, fine through incorrect information and enter correction below.												<u>M. W.</u>	
		ddress, If Applicable		New Mailing Office Address, If Applicable				Date Incorporated or Qualified     To Do Business in Florida     07/30/1982					
Suite, Apt.	#, etc.		Suite, Apt. #	Suite, Apt. #, etc.			5 5						
City & State			City & State	City & State			<b> </b>				-	Applied For	
Only & State	<b>-</b>		Oity & State	City & State				59-2211291				Not Applicable	
Zip Country			Zip		Country		1 -	6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status					
7. Names	and Street Add	dresses of Each Officer a	nd/or Director (Fi	orida nonprofit	corpora	tions must list at	least 3 dir	rectors)				·	
. Title(s)	2	Name of Officers and/or Directors					reet Address of Each fficer and/or Director			City / State / Zip			
SDT	BREDER, J	ОНЙ		9350 SW	TERR	MIAMI, FL O			00000	)00			
DP	BREDER, STEPHEN			152 FONTAINE DR				TAVERNIER FL					
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			,		-								
	8. Nam	e and Address of Curre	jent	t ı			9. Name and Address of New Registered Agent						
DDCDC			Name				~ <del>-</del>			_ ·			
	er, stephei Ontaine dr					Street Addres	s (P.O. Bo	x Number	is Not Accep	lable)			
TAVER		Suite, Apt. #, Etc											
	_			City State Zip Code						ode			
10. I, being	g appointed the	e registered agent of the	above named corp	oration, am fa	miliar wit	h and accept the	obligation	ns of Sect	ion 607.0505	F.S.	1		
Signature o Registered	f Agent	Deglish	REGISTERED A	LOLL SENT MUST S		IRED	)	•	Date	11/9/	199	<del>/</del>	
Registered	Agent		REGISTERED AC	SENT MUST S	ign			:	Date	1/1			

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 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 information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

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