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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

98 FEB 24 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Head Instructions on Other Side Before Making Entries
Make Check Payable To: **Department of State**

1. Name and Mailing Address of Corporation: **DOCUMENT # H76217**
BRICKS MANAGEMENT AND REAL ESTATE DEVELOPMENT, INC.
3705 Champagne Drive
Tampa, FL 33618

2. If Address in Block 1 is incorrect, enter the correct address below:

Address

City and State

Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State

Zip Code

REINSTATEMENT

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4. Date Incorporated or Qualified
To Do Business in Florida
1985

5. FEI Number
59-2592964

FEI Number Applied For

FEI Number Not Applicable

6. **\$8.75** Additional Fee required
for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

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
V.Pres./ Director	Nabil Karmi	3705 Champagne Drive	Tampa, FL 33618
Pres./ Director	Samir El Hage	1200 Quail Street, #240	Newport Beach, CA 92660

300002448593--7
03/05/98-01103-005
***1050.00 ***1050.00

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

GOZARD HALL, P.A.
BY: Donald R. Hall, President
28050 U.S. Hwy. 19 North, Suite 402
Clearwater, FL 33761

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City

State

Zip

FL.

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

President

Date **2/20/98**

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of
Officer or Director

Date **02/15/98**

Daytime Phone # **(813) 799 2625**

Typed or printed name of signing officer or director

Nabil Karmi

CR20040 (8/92)