

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # H76217

1. Corporation Name
**BRICKS MANAGEMENT AND REAL ESTATE DEVELOPMENT,
INC.**

Principal Place of Business
3705 Champagne Dr.

Mailing Address
3705 Champagne Dr.

**TAMPA, FL
33618**

**TAMPA, FL
33618**

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

2. New Principal Office Address, If Applicable
1218 W Fletcher Ave.

3. New Mailing Office Address, If Applicable
1218 W Fletcher Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa, Florida

City & State
Tampa, Florida

Zip Country
33612-3365 USA

Zip Country
33612-3364 USA

4. Date Incorporated or Qualified
To Do Business in Florida **September 17, 1985**

5. FEI Number
59-2592964

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-00

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
VPD	KARMI, NABIL	1218 W.FLETCHER AVE	TAMPA, FL 33612-3364
PD	EL HAGE, SAMIR	1218 W.FLETCHER AVE	TAMPA, FL 33612-3364
			700003203257--8 -04/11/00--01052--015 ****150.00 ****150.00
			700003203257--8 -04/11/00--01052--016 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOZA AND HALL, P.A.
BY Donald R. Hall, President
28050 U.S. Hwy. 19 N., Suite 402
Clearwater, FL 33761-2654

Name

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 **BY: [Signature]**
REGISTERED AGENT MUST SIGN

Date **3-14-00**

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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NABIL KARMI

March 5, 2000

Date

Daytime Phone #

CR2E081 (12/98)