

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **J24059**

1. Corporation Name

BRIT AM, INC.

Principal Place of Business

~~1311 N UNIV DR~~
CORAL SPRINGS FL 33071
US

Mailing Address

~~1311 N UNIV DR~~
CORAL SPRING FL 33071
US

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

07/15/1986

5. FEI Number

59-2693533

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	4 City / State / Zip
PD	PATEL, KIRIT	1311 UNIVERSITY DR	CORAL SPRINGS FL
S	PATEL, GILDINA	1311 UNIVERSITY DR	CORAL SPRINGS FL
* SUBSTITUTE NEW ADDRESS			
9561 WESTVIEW DR			
CORAL SPRINGS			
FL 33076			

SABINAS
Hallmark
The Place For Cards & Gifts
Magnolia Shoppes
9561 Westview Drive
Coral Springs, FL 33076
954-752-8680

8. Name and Address of Current Registered Agent

RUSSELL, RICHARD
10235 WEST SAMPLE ROAD
SUITE 107
CORAL SPRINGS FL 33065

9. Name and Address of New Registered Agent

Name

K. PATEL

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

9561 WESTVIEW DR

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33076

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

SIGNATURE

REGISTERED AGENT MUST SIGN

Date

000023866390

10/17/03--01003--007/150.00**

14/OCT/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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

14/OCT/03

CR2E040 (7/03)

14th Oct '03

Division of CORPORATION
Annual Report
PO BOX 6327
Tallahassee FL 32314 6327



Dear sir,

We relocated our store in Dec 2002 from 1311 university Coral Springs to 9561 West view Dr Coral Springs. Some time in April/May we Telephoned you . During our conversation we Informed you that we did not receive 2003 forms. We were told to send a letter explaining the Circumstances and were given to understand. Upon receipt of the letter we would receive Regular report. As asked we sent to you the Letter but did not hear from you until 11th of Oct. when you sent dissolution notice. We talked to you and were told to return the form to you with a check for \$ 150 and this letter.

Tanking you

Yours truly,

K. Kees
K. PATEL

