

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 AUG 18 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J 68658

1. Corporation Name

Briarwood Investments, Inc.

2. Principal Office Address

20053 Stamat Dr.

Suite, Apt. #, etc.

City & State

Land O'Lakes Fl.

Zip

34639

Country

USA

3. Mailing Office Address

20053 Stamat Dr.

Suite, Apt. #, etc.

City & State

Land O'Lakes, Fl.

Zip

34639

Country

USA

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

4/20/87

5. FEI Number

59-2809316

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Moskos Stamat

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

20053 Stamat Drive

Suite, Apt. #, Etc.

City

Land O'Lakes

State

FL

Zip Code

34639

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Cherokee Stamat

Date

8/12/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	Bonnie Stamat	20053 Stamat Dr.	Land O'Lakes, Fl. 34639
D	Moskos Stamat	20053 Stamat Dr.	Land O'Lakes, Fl. 34635

10. 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:

Bonnie Stamat

Bonnie Stamat

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/12/03

Daytime Phone #

813-996-7996