

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 MAY -9 AM 11:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # K04293

1. Corporation Name

BRISA, INC.

Principal Place of Business

913 GULF BREEZE PKWY., #31
GULF BREEZE FL 32561

Mailing Address

913 GULF BREEZE PKWY., #31
GULF BREEZE FL 32561



REINSTATEMENT

96-97
aio

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/25/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27 Via De Luna

27 Via De Luna

City & State

City & State

Pensacola Beach, FL

Pensacola Beach, FL

Zip

Zip

Country

Country

32561

USA

32561

USA

5. FEI Number

59-2864107

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PDS	SEARANO, MERRILEE	201 PENS BCH RD A-19	GULF BREEZE FL
DVT	WILLIAMS, LINDA M	358 FAIRPOINT DR.	GULF BREEZE FL

600002176416--6
-05/13/97--01053--004
***923.75 ***923.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILLIAMS, LINDA M
358 FAIRPOINT DR.
GULF BREEZE FL 32561

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

Linda Williams

Date

5-1-97

REGISTERED AGENT MUST SIGN

11. 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.)

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:

Linda Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-1-97 904
9329723

Daytime Phone #

CR2040 (7/96)