PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR 93-96 REINSTATEMENT

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

ARTICLES FILED
96 NOV 22 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****783.75 ****783.75

DOCUMENT # L53062

1. Corporation Name
Brennick Brothers

Principal Place of Business
1025 Emerald Creek Drive
Valrico, FL 33594

Mailing Address
Same.

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 Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida: 2-23-90

5. FEI Number: 59-300 5658 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Michael J Brennick	1025 Emerald Creek Dr.	Valrico, FL 33594
VP			
T			
S			

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****975.00 ****975.00

REINSTATEMENT 1996

8. Name and Address of Current Registered Agent

Michael J Brennick
1025 Emerald Creek Dr.
Valrico, FL 33594

9. Name and Address of New Registered Agent 11-22-96

Name: Same.
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: Michael J Brennick Date: 11-16-96
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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: Michael J Brennick 11-16-96 813 684-6358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #