PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

BRENNICK BROTHERS, INC.

Mailing Address Principal Place of Business

5918 PROVIDENCE RD

5918 PROVIDENCE RD

RIVERVIEW FL 33569

RIVERVIEW FL 33569

FILED

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SLORHWINY OF STATE TALLAHASSEE, FUORIDA

If above addres	sses are incorrect in any way, line t	through incorrect information ar	nd enter correction below	" weindiviem		7001	
New Principa	Office Address, If Applicable	New Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida		02/23/1990	
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State		5. FEI Number	02/20/1	Applied For	
				59-3005658		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRE		litional Fee required	

7. Names	and Street Add	resses of Each Officer and/or Dire	ector (Florida nonprofi	t corporations must list at least 3 direc	ctors)		
Title(s)	2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director	4	City / State / Zip	
PVPS	BRENNICK,	MICHAEL J	1025 EME	RALD CREEK DRIVE	VALRICO	FL 33594	
	grand or			·	7000	04649427 0/23/0101030 <u>01</u> 0	7
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8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
and the second of the second o	Name
CK, MICHAEL	Street Address (P.O. Box Number is Not Acceptable)

BRENNIC 1025 EMERALD CREEK DR VALRICO FL 33594

Suite, Apt. #, Etc.

State 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

ERED AGENT MUST SIGN

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 filling 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.