PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.  APPLICATION FOR REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS  97 JUL -7 AM 5: 42  SECRETARY OF STATE TALLAHASSEE, FLORIDA  Principal Place of Business  Mailing Address  95/7 Cat Cayhave F1. Laud, F2 333/2  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 10 Do Business in Florida 12 / 15/9 C  5. FEI Number 125 - 0234353 Not Applied F Not Applied	
FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS  DOCUMENT # L 85223  1. Corporation Name  Through Place of Business  Mailing Address  J517 Cat Cayhave FT. Laud, FT. 33312  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 1 to Do Business in Florida 12/15/9 C.  Sulte, Apt. 4, etc.  City & State  City & State  City & State  City & State  Country  To Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  FILED  97 JUL -7 AM 5: 42  SECREMENT OF STATE TALLAHASSEE, FLORIDA  1 Date Incorporated or Qualified To Do Business in Florida 12/15/9 C.  5. FEI Number  L 5 - 023 435 3  Royaled FT. Laud FT.  City & State  City & State  Country  To Do Business in Florida 12/15/9 C.  CERTIFICATE OF STATUS DESIRED  8 18 Applied FT.  Royaled FT.  Royaled FT.  Applied FT.  Country  Certificate Of Status Desired  To a Certi	
DOCUMENT # L 85273  1. Corporation Name Brittany Enterprises, Inc.  Principal Place of Business  Malling Address  \$517 Cat Cay have Ft. Laud., Ft. 33312  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 Malling Office Address, If Applicable To Do Business in Florida T	
1. Corporation Name Brittary Enterprises, Inc.  Principal Place of Business  Mailing Address  3517 Cat Cay have Ft. Laud., Ft. 33312  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 To Do Business in Florida 12/15/90  Suite, Apt. #, etc.  5. FEI Number 15-0234353  Not Applied F 16-0234353  Certificate of Status Desired  Zip Country  Country  Country  Certificate of Status Desired  7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	
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Name of Officers Street Address of Each	
Title(s) and/or Directors Officer and/or Director City / State / Zip	
3 (Do NOT Use Post Office Box Numbers) 4	
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REINSTATEMENT 46-97	
A 1-9-1	77
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent	
ROBERT D. Lettman. P. A. Name	
Street Address (P.O. Box Number is Not Acceptable)	
8010 N. University Dr. Suite, Apt. #, Etc.	
lawage, FL State Zip Code	$\dashv$
10. I, being appointed the registered agent of the above named or persition, am familiar with and accept the obligations of Section 607.0505, F.S.	$\dashv$
Signature of Registered Agent Date	_
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No 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 fillin 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 indication is true and accourate, and my signature shall have the same legal effect as if made under oath.	- 1
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DELAS COW Date Destino Proces	