

PLEASE READ ALL INSTRUCTIONS

BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

M37426

1. Corporation Name

BRAYNEN CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2404 Raleigh Street

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2404 Raleigh Street

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33020

Country

USA

Zip

33020

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/27/86

5. FEI Number

59-2761824

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
P/N/D	Addington Braynen	2404 Raleigh Street	Hollywood, FL 33020
			500003070475--8 -12/15/99--01008--018 ***1650.00 ***1650.00

REINSTATEMENT 03-99

8. Name and Address of Current Registered Agent

Amie Braynen
3017 N. Oakland Forest Dr #107
Ft. Lauderdale, FL 33309

9. Name and Address of New Registered Agent

Name Addington Braynen
Street Address (P.O. Box Number is Not Acceptable)
2404 Raleigh Street
Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33020

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

REGISTERED AGENT MUST SIGN

Date

11/29/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Addington K. Braynen

Date

Daytime Phone #

754/
929-0666

CR2E081 (12/98)