

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 AUG 17 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000003922

1. Corporation Name

B R Y C G, INC.

2. Principal Office Address - No P.O. Box #
1005 WEST BUSCH BLVD.

3. Mailing Office Address
1005 WEST BUSCH BLVD.

Suite, Apt. #, etc.

SUITE 209

Suite, Apt. #, etc.

SUITE 209

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33612

Country

USA

Zip

33612

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 06/06/2001

5. FEI Number

020606556

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JACOBS, VANDA

Street Address (P.O. Box Number is Not Acceptable)

15704 PONY PL

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33624

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Vanda Jacobs

Date AUGUST 1, 2009

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	JACOBS, ROYCHESTER, SR	15704 PONY PL	TAMPA FL 33624
DVPS	JACOBS, VANDA	15704 PONY PL	TAMPA FL 33624
DT	JENNINGS, WALTER	8517 N HAMNER AVE	TAMPA FL 33604
D	HENRY, WILLIAM II	15626 LAKE BELLA VISTA	TAMPA FL 33625
D	KENRICK CALLWOOD	544 LINDSEY ANNE CT	PLANT CITY FL 33563
D	JACOBS, ROCHESTER, JR	4403 W FAIR OAKS AVE.	TAMPA, FL 33611

10. 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 contained in Chapter 119, 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:

Vanda Jacobs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug. 1, 2009

Date

813-936-0777

Daytime Phone #

28/19