

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2016 APR 15 PM 2:20

DOCUMENT # N10000004321

1. Corporation Name

BREARD'S GROUND TEAM. ORG, INC

APR 15 2016

L BERGER

2. Principal Office Address - No P.O. Box #

243 JAMAICA DR

3. Mailing Office Address

243 JAMAICA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cocoa Beach, FL

City & State

Cocoa Beach, FL

Zip

Country

32931

US

Zip

Country

32931

US

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

4/26/2010

5. FEI Number

27-2686955

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

GARY "KITCHENS" RITTERSTEIM

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

243 JAMAICA DR

Suite, Apt. #, Etc.

Cocoa Beach, FL

City

Cocoa Beach, FL

State

FL

Zip Code

32931

900284626055

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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

REGISTERED AGENT MUST SIGN

Date

4/11/16

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
Pres	GARY "KITCHENS" RITTERSTEIM	243 JAMAICA DR	Cocoa Beach, FL 32931
VP	KENNETH FRIBEL	1030 LAKE SHORE DR. N.W.	N. Palm Beach 33403
Int'l Sec	BARBARA A. BUNTER	243 JAMAICA DR	Cocoa Beach, FL 32931
BOB	ROGER KESSELBAH	401 HWY 1A #141	SATELWIRE Beach FL 32937
Prod	CARLY POWDER JR	1415 STEVENS AVE	Deland, FL 32720

REINSTATEMENT 2015-2016

10. E-mail Address: GARY.KITCHENS@CFL.VM.COM

(To be used for future annual report notification)

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 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/16

321-784-9869

Daytime Phone #