

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 DEC 12 PM 4:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000009724

1. Corporation Name

BRUSH & FLOSS, INC.

Principal Place of Business

10108 WEST OAKLAND PARK BOULEVARD  
SUNRISE FL 33319

Mailing Address

10108 WEST OAKLAND PARK BOULEVARD  
SUNRISE FL 33319

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip  
33351

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip  
33351

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/17/2000

5. FEI Number

65-0987643

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	4 City / State / Zip
P	DAVID PEREZ	10760 NW 17 <sup>th</sup> Street	Plantation FL 33322
			LS
			100004739821--8 -12/26/01--01095--023 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

SOULE, JAMES L  
7515 W. OAKLAND PARK BOULEVARD  
SUITE 100  
FT. LAUDERDALE FL 33319

9. Name and Address of New Registered Agent

Name DAVID PEREZ  
Street Address (P.O. Box Number is Not Acceptable)  
10108 W. OAKLAND PARK BLVD  
Suite, Apt. #, Etc.  
City SUNRISE State FL Zip Code 33351

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

David R. Perez  
REGISTERED AGENT MUST SIGN

Date

12/6/01

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., 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:

David R. Perez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/6/01 9547410710