

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 APR 28 AM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000023197

1. Corporation Name

Brite Concepts Inc

2. Principal Office Address

2087 NW Marsh Rabbit lane  
Jensen Beach FL 34957

Suite, Apt. #, etc.

3. Mailing Office Address

2087 Marsh Rabbit lane  
Jensen Beach FL 34957

Suite, Apt. #, etc.

City & State

Jensen Beach FL

City & State

Jensen Beach FL

Zip

34957

Country

Martin

Zip

34957

Country

Martin

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3209218

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 02-05

7. Name and Address of Current Registered Agent

Name

Cameron Corn

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

2087 NW Marsh Rabbit lane

Suite, Apt. #, Etc.

City

Jensen Beach FL 34957

State

FL

Zip Code

34957

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

Cameron Corn

REGISTERED AGENT MUST SIGN

Date 4/24/05

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
D	Cameron Corn	2087 NW Marsh Rabbit la	Jensen Beach FL 34957
D	Mark Corn	529 SW Hampton Court	Port St. Lucie FL 34986

500054226265

05/10/05--01084--003 \*\*1200.00

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 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: Cameron Corn Cameron Corn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/05 772 285-3600

Date

Daytime Phone #

CR2E081 (01/05)