

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 12 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000028947 2003-2004

1. Corporation Name

L. BRYANT ENTERPRISES, INC.

2. Principal Office Address

3. Mailing Office Address

41 N. Congress Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Delray Beach, Fl

Zip

Country

Zip

Country

33445

PALM BEACH

4. Date Incorporated or Qualified
To Do Business in Florida

3-21-2000

5. FEI Number

65-0993079

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

Leonard Bryant

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

41 N. Congress Avenue

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33445

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

Leonard Bryant
REGISTERED AGENT MUST SIGN

Date

11-9-04

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	Leonard C. Bryant	645 Enfield Ct.	Delray Beach, Fl 33344

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:

Leonard Bryant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-9-04

Date

Daytime Phone #

CR2081 (01/04)