

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000049390**

1. Corporation Name

T.M. BRENEMAN, INC.

Principal Place of Business

Mailing Address

588 W. VALLEY DR.
BONITA SPRINGS FL 34134

588 W. VALLEY DR.
BONITA SPRINGS FL 34134

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



REINSTATEMENT 03

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/15/2000	
City & State		City & State		5. FEI Number	
Zip		Country		65-1014214	
				Applied For	
				<input checked="" type="checkbox"/> Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	BRENEMAN, THOMAS M	588 W. VALLEY DR.	BONITA SPRINGS FL 34134
S	BRENEMAN, THOMAS M	588 W. VALLEY DR.	BONITA SPRINGS FL 34134
T	BRENEMAN, THOMAS M	588 W. VALLEY DR.	BONITA SPRINGS FL 34134

700023765677
10/13/03--01098--016 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRENEMAN, THOMAS M
588 W. VALLEY DR.
BONITA SPRINGS FL 34134

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State FL Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent T.M. BRENEMAN
REGISTERED AGENT MUST SIGN

Date 10-8-03

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: T.M. BRENEMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-8-03 Daytime Phone # 1-239-948-4770

CR2E040 (7/03)

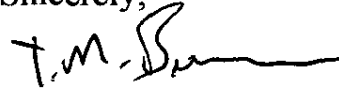
Oct.08,2003

T.M. Breneman Inc.
588 West Valley Dr
Bonita Springs,Fl 34134

To whom it may concern,

I am writing this letter to verify that I have never received any Uniform Business Reports for the year of 2003. I am enclosing a check in the amount of \$150.00 as required. Thank you for you help in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "T.M. Breneman", with a long horizontal flourish extending to the right.

T.M. Breneman
President