

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

2001 UBR

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000094621

1. Corporation Name

BRIBRO VENTURES, INC.

2. Principal Office Address

914 Grand Rapids Blvd.

Suite, Apt. #, etc.

City & State

Naples

Zip

34120

Country

USA

3. Mailing Office Address

914 Grand Rapids Blvd.

Suite, Apt. #, etc.

City & State

Naples

Zip

34120

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/6/00

5. FEI Number

65-1048816

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

E.H.G. Resident Agents, Inc.

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

5100 Town Center Circle

Suite, Apt. #, Etc.

Suite 430

City

Boca Raton

State

FL

Zip Code

33486

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

10/10/01

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
PSD	Brian Seligman	11004 S.W. 37th Manor	Davie, Florida 33328
			LS

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:

Brian Seligman

Brian Seligman, Pres.

10/10/01

(941) 352-6610

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**BRIBRO VENTURES, INC.**  
**914 Grand Rapids Boulevard**  
**Naples, Florida 34120**

2082

October 10, 2001

**VIA FEDERAL EXPRESS**

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Bribro Ventures, Inc. (the "Company")

Dear Sirs:

Pursuant to my conversation with a representative of your office, enclosed please find the Corporation Reinstatement form for the Company along with a check in the amount of \$150.00. It is my understanding, from my conversation, that the reinstatement fee will be waived since I never received the Uniform Business Report for timely filing.

Please feel free to contact me if you have any questions.

Very truly yours,



Brian Seligman, President