

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 13 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000111098

1. Corporation Name

BRITTANY CORP.

2. Principal Office Address

7693 South orange

Suite, Apt. #, etc.

BLOSSOM TRAIL

City & State

ORLANDO, FL

Zip

32809

Country

U.S.A

3. Mailing Office Address

7693 South orange

Suite, Apt. #, etc.

BLOSSOM TRAIL

City & State

ORLANDO, FL

Zip

32809

Country

U.S.A

700010047077
01/13/03--01031--018 **900.00

4. Date Incorporated or Qualified
To Do Business in Florida

01/01

5. FEI Number

59-3684252

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

JAMAL ERROUDANI

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

7693 South orange Blossom TRAIL

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32809

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

Jamal Erroudani

Date

1/9/03

REGISTERED AGENT MUST SIGN

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
V.P	EL HASSAN ERROUDANI	7812 BRIDGESTONE DR	ORLANDO, FL 32835
PRES	JAMAL ERROUDANI	4757 G Walden green	ORLANDO, FL 32811

REINSTATEMENT 02-03

TO :

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:

Jamal Erroudani

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/03

Date

(407) 854 8839

Daytime Phone #

CR2E081 (10/02)