

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000043497

1. Entity Name  
BRIG REPAIR INC.



FILED

2007 AUG 30 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
841 NE 207TH LANE  
#203  
MIAMI, FL 33179

Mailing Address  
841 NE 207TH LANE  
#203  
MIAMI, FL 33179



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08232007

REIN-P

CR2E098 (1/07)

City & State

City & State

4. FEI Number  
65-1103911

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALL, CHRISTOPHER  
~~840 S 63 AVE~~ 841 NE 207TH LANE #203  
~~HOLLYWOOD, FL 33023~~ MIAMI FL 33179

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
HALL, CHRISTOPHER  
~~840 S 63 AVE~~ 841 NE 207TH LANE #203  
~~HOLLYWOOD, FL 33023~~ MIAMI FL 33179

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
600108832826  
08/30/07--01035--008 \*\*300.00

☐ Change ☐ Addition

TITLE  
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REINSTATEMENT

06-07

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER HALL

*C. Hall*

8-28-07

954-347-7171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #