

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

03 OCT 16 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000065984**

1. Corporation Name

BRENLARA, INC.

Principal Place of Business

5121 EHRICH RD STE 104-B
TAMPA FL 33624

Mailing Address

5121 EHRICH RD STE 104-B
TAMPA FL 33624

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/29/2001

5. FEI Number

59-3620610

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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
D	NEWMAN, MARK	5121 EHRICH RD STE 104-B	TAMPA FL 33624
			10/16/03--01085--001 **150.00

8. Name and Address of Current Registered Agent

NEWMAN, MARK
5121 EHRICH RD STE 104-B
TAMPA FL 33624

9. Name and Address of New Registered Agent

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

MARK E. NEWMAN
REGISTERED AGENT MUST SIGN

Date 10/13/03

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:

MARK E. NEWMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03
Date

813 969 2424
Daytime Phone #

Mark
NEWMAN
& Associates
5121 EHRLICH ROAD
SUITE 104B
TAMPA, FLORIDA 33624
(813) 969-2424
TELECOPIER (813) 961-5580

October 13, 2003

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

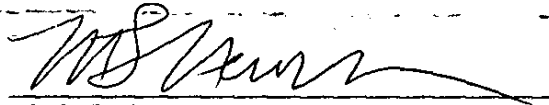
Re: Waiver of Application For Reinstatement Fee
For Brenlara, Inc. d/b/a Mark Newman & Associates

To the Department of State:

I just received the enclosed application and the accompanying Certificate of Dissolution via mail today. Although I accept responsibility for the timely filing of the annual Uniform Business Report I did not receive the two prior UBR notices referred to in this mailing. I can not determine if the problem stemmed from inside or outside my office.

Please find the application and fees in the amount of \$150.00 to compete the reinstatement . Do not hesitate to contact me at 813-969-2424 if I can be of assistance.

Sincerely,



Mark E. Newman