2008 FOR PROFIT CORPORATION REINSTATEMENT

CICNATUDE

		REINSTA	TEMENT								
DOCUMENT # P01000102800 1. Entity Name BRIGGS SMITH BUILDING AND DEVELOPMENT, INC.								contae	.ED		
Principal Place 5415 IAEGE NAPLES, FL			Mailing Address 5415 JAEGER RD UNIT A NAPLES, FL 34109				08 DEC 18 PM 1:37 SECRLIARY OF STATE TALLAHASSEF, FLORIDA				
222	INDI	ness - No P.O. Box # KSTRIAL BLVD	3. Mailing Address 222 INDUSTRIAL BLYD								
Suite, Apt			Sujte, Apt. #, etc. #/06				12152008	REIN-P	CR2	E098 (1/07)	ı
City & State NAPLES, FL			NAPLES, FL				4. FEI Numb 59-375			_ N	pplied For ot Applicable
341	04	Country USA	34104	Coun	ŠA		5. Certificate	of Status Desire	ed 🗌	\$8.75 Ad Fee Require	
		and Address of Current I			Name		7. Name and	Address of No	w Registered	Agent	
BRIGGS, JOHN 5415 JAEGER RD UNIT A NAPLES, EL-34100					Street A	reet Address (P.O. Box Number is Not Acceptable) R22					
8. The above	named entit	y submits this statement for	the purpose of changing its	egister	ed office o	register	ed agent, or bo	th, in the State o		familiar with	and accept
the obligations of registered agent. SIGNATURA Signature, typed or printed hame of registered agent and titled applicable. (NOTE: Registered Agent signature required when reinstating) OATE											
		FEE IS \$150.00 09, Fee will be \$300.00	,					In accordan corporation	ce with s. 60' did not receiv	7.193(2)(b), ve the prior	F.S., the notice.
10.	1	OFFICERS AND [11.			ADDITIONS/	CHANGES TO	OFFICERS AN	D DIRECTOR	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	NAPLES,	RIAN GER RD, UNIT A FL 34109	□ Defete			22 NA	a Ind. Pl e s,	USTRIAL FL	BLVD 34101	⊠ Change • #/06 •	Addition
NAME STREET ADDRESS CITY-ST-ZIP	D BRIGGS, 5415 JAE NAPLES,	GER RD, UNIT A	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		22 NA	2 IND PLES, 1	USTRIA EL 3	4104	AT Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					0 01 39		□ Change ∃ 3 9 **150.	Addition
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			RE	INST	ATE	MEN	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		T ADDRESS ST-ZIP				08		Addition
12. I hereby of indicated of the cor	certify that the	information supplied with t t or supplemental report is t	his filing does not qualify for	the exe	mptions co	ntained	n Chapter 119,	Florida Statute	s. I further cert	tify that the in	formation

JOHN BRIGGS, DEC. 15, 2008 239-261-7382