

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 FEB -5 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000112557

1. Corporation Name

BREAKTIME BILLARDS, INC.

**REINSTATEMENT** 03-04

000027399020  
01/22/04--01019--021 \*\*750.00

2. Principal Office Address

4200 62ND AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

1551 PATRICIA AVENUE

Suite, Apt. #, etc.

City & State

ST-PETE, FL

City & State

DUNEDIN, FL

Zip

33781

Country

Zip

34698

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

NOVEMBER 21, 2001

5. FEI Number

59-3756891

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

JAMES H. COLLIER SR.

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

9110 STERLING LANE

Suite, Apt. #, Etc.

City

PORT RICHEY

State

FL

Zip Code

34668

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

*James H. Collier Sr.*  
REGISTERED AGENT MUST SIGN

Date JANUARY 15, 2004

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
P	ALEX ASSAD	1551 PATRICIA AVENUE	DUNEDIN, FL 34698

000027399020  
02/09/04 01020 010 \*\*150.00

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:

*Alex Assad*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 15, 2004 727-738-4192

Date

Daytime Phone #

CR2001 (1/02)