

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 AUG 10 AM 8:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P01000117485**

1. Corporation Name

DAVID AND URSULA BRANT, INC.

W1-33308

2. Principal Office Address - No P.O. Box #

5015 42nd Street South

Suite, Apt. #, etc.

3. Mailing Office Address

5015 42nd Street South

Suite, Apt. #, etc.

City & State

St Petersburg, FL

City & State

St Petersburg

Zip

33711

Country

USA

Zip

33711

Country

USA

CR2E081 (6/10)

08-10

4. Date Incorporated or Qualified

To Do Business in Florida 12/01/2001

5. FEI Number

80-0007425

☐ 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

David C Brant

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

5015 42nd Street South

Suite, Apt. #, Etc.

City

St Petersburg

State

FL

Zip Code

33711

000183277420  
07/14/10--01026--006 \*\*750.00

000183277420  
08/09/10--01061--002 \*\*300.00

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

Date 7/1/2010

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
Pres	David C Brant	5015 42nd Street South	St Petersburg, FL, 33711
VP/SEC	Ursula B Brant	5015 42nd Street South	St Petersburg, FL, 33711

REINSTATEMENT

RH

10. E-mail Address: david@dcbrant.com

(To be used for future annual report notification)

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. I further certify, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/2010

Date

727-466-8309

Daytime Phone #