

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 21 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000015567

1. Corporation Name

BRIGHAM & ASSOCIATES, INC.

2. Principal Office Address

3.000 GULF-TO BAY BLVD

Suite, Apt. #, etc.

SUITE 100

City & State

CLEARWATER, FL

Zip

33759

Country

PINELLAS

3. Mailing Office Address

3444 EAST LAKE ROAD

Suite, Apt. #, etc.

SUITE 412

City & State

PALM HARBOR, FL

Zip

34685

Country

PINELLAS

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

45-0468433

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

R ROBERT F. DIMARCO, C.P.A., P.A.

500024925075

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

3444 EAST LAKE ROAD

Suite, Apt. #, Etc.

SUITE 412

City

PALM HARBOR

State

FL

Zip Code

34685

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

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
D	JAMES G. BRIGHAM	11 FAIRFIELD LANE	DOYLESTOWN, PA 18901
D	DAVE KUREK	30 W 74th STREET APT1A	NEW YORK, NY 10023

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-7-03

215 340 4607

CR2E081 (10/02)

Robert F. DiMarco, C.P.A.

Member:
American Institute of
Certified Public Accountants

3444 East Lake Road, Suite 412
East Lake Woodlands Executive Center
Palm Harbor, Florida 34685
Phone: (727) 787-5290
Fax: (727) 786-3785

Member:
Florida Institute of
Certified Public Accountants

October 27, 2003

To: Florida Department Of State
Division of Corporations
P O Box 1500
Tallahassee, Fl 32302-1500

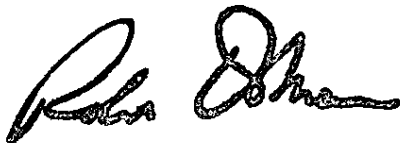
Re: Brigham & Associates, Inc.
3444 East Lake Road Ste. 412
Palm Harbor, Fl 34685
45-0468433

To Whom It May Concern:

The above client, Brigham & Associates, Inc. did not receive a Uniform Business Report due to an incorrect street number and or zip code. We have changed the mailing address to our office to avoid any further mailing complications.

Please accept the attached corporation reinstatement form with filing fee of \$150, and file accordingly. Thank you for your help in this matter, should you have any questions or require additional information, please do not hesitate to contact our office.

Sincerely,



Robert F. DiMarco, C.P.A., P.A.

Rfd/klh