PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | |
|---|---|
| **CORPORATION REINSTATEMENT** | **FLORIDA DEPARTMENT OF STATE** Secretary of State DIVISION OF CORPORATIONS |

FILED

04 MAR 30 PM 12:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # PO2000018969

**1.** Corporation Name

BRYNN-LANE, INC.

REINSTATEMENT 03-04

**2.** Principal Office Address

801 DEERWOOD RD

Suite, Apt. #, etc.

City & State
CELEBRATION FL

| Zip | Country |
|---|---|
| 34747 | USA |

**3.** Mailing Office Address

PO BOX 470668

Suite, Apt. #, etc.

City & State
CELEBRATION FL

| Zip | Country |
|---|---|
| 34747 | USA |

**4.** Date Incorporated or Qualified To Do Business in Florida  2/19/02

**5.** FEI Number  75-3010844    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  GARY SCHMID

Street Address (P.O. Box Number is Not Acceptable)
801 DEER WOOD RD

Suite, Apt. #, Etc.

City  CELEBRATION    State FL    Zip Code 34747

200031371532
03/30/04--01021--018  **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 _____

REGISTERED AGENT MUST SIGN

Date 25-MAR-04

CR2E081 (01/04)

**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 | GARY J SCHMID | 801 DEERWOOD RD CELEBRATION, FL | CELEBRATION/FL/34747 |
| S/V | LAURIE TESLA-SCHMID | 208 LOCUST AVE | BABYLON, NY 11702 |
| | | | |
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| | | | |

**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: _____    25-MAR-04    516-443-2029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #