

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000039953**

1. Corporation Name
BRIBRI, INC.

2. Principal Office Address
7230 RED ROAD

Suite, Apt. #, etc.

City & State
SOUTH MIAMI, FLORIDA

Zip Country
33143 USA

3. Mailing Office Address
2350 CORAL WAY

Suite, Apt. #, etc.
SUITE 403

City & State
MIAMI, FLORIDA

Zip Country
33145 USA

REINSTATEMENT

03-05

4. Date Incorporated or Qualified
To Do Business in Florida **04/12/2002**

5. FEI Number
01-0668152

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
CRISTINA F. RICE

Street Address (P.O. Box Number is Not Acceptable)
2350 CORAL WAY

Suite, Apt. #, Etc.
SUITE 403

City
MIAMI, FLORIDA

State Zip Code
FL 33145

300046639333
02/15/05--01035--001 **490.00

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

Cristina F. Rice
REGISTERED AGENT MUST SIGN

Date **01/19/2005**

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/D	CRISTINA F. RICE	2350 CORAL WAY, ST 403	MIAMI, FLORIDA 33145

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:

Cristina F. Rice
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/2005

Date

305-859-7239

Daytime Phone #

CRISTINA F. Rice

CR2E081 (01/05)

2 of 2

Bribri, Inc.
2350 Coral Way, Suite 403
Miami, Florida 33145

February 2, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Bribri, Inc.
FEIN# 01-0668152
Doc. No. P-02000039953

Dear Officer:

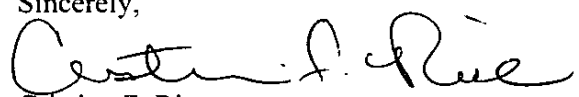
This letter is to request reinstatement for Bribri, Inc., and to abate additional fees due. I became aware that the corporation was dissolved when I went to the bank to request a line of credit.

When I asked my lawyer why the corporation was inactive, he stated he never received the forms and never made me aware of it. As a result, I am asking and requesting to have the corporation reinstated and to make a payment of \$ 450.00 dollars for the calendar years: 2003, 2004 and 2005.

Enclosed is the application for reinstatement for 2003-2005 along with payment. Thank you in advance for your time and efforts being made to grant me my request.

If you should have any additional questions, please do not hesitate to contact me at (305) 859-7239.

Sincerely,


Cristina F. Rice
President