

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000042906

1. Entity Name  
BRINN ENTERPRISES, INC.



SECRET  
DIVISION OF CORPORATE REGISTRATION

06 OCT 13 AM 11:15

Principal Place of Business  
5750 29TH ST. E.  
ELLENTON, FL 34222

Mailing Address  
5750 29TH ST. E.  
ELLENTON, FL 34222

2. Principal Place of Business

3. Mailing Address  
357 6<sup>th</sup> Ave W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Bradenton FL

Zip

Country

Zip  
34205

Country

10102006

REIN-P

CR2E098 (11/05)

4. FEI Number  
02-0587156

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRINN, ROBERT  
5750 29TH ST. E.  
ELLENTON, FL 34222

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2007, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
BRINN, ROBERT  
5750 29TH ST E.  
ELLENTON, FL 34222 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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STREET ADDRESS  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
700080829617  
10/13/06--01048--006 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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REINSTATEMENT 06

TITLE  
NAME  
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CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/06 941-705-0797