

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 SEP -2 AM 9:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000064796*

1. Corporation Name

*KEEP IT BRIEFCASE, INC.*

2. Principal Office Address

*960 Old Dixie Hwy*

Suite, Apt. #, etc.

*Suite C*

City & State

*Jupiter, FL*

Zip

*33458*

Country

*USA*

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

*030455599*

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

*Ellen A. Fisher M.D.*

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

*1105 Mainsail Circle*

Suite, Apt. #, Etc.

City

*Jupiter*

State

*FL*

Zip Code

*33477*

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

*Ellen A. Fisher M.D.*

Date

*8/30/04*

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
<i>CEO</i>	<i>Sean M. Walshe</i>	<i>1105 Mainsail Circle</i>	<i>Jupiter FL 33477</i>
			<i>300041070143</i>
			<i>09/14/04--01066--027 **308 75</i>

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:

*Sean M. Walshe* SEAN M WALSH

Date

*8/30/04* 561-702-5181

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)

# Keep It Briefcase, Inc.

www.kibiusa.com

08/30/04

Department of State  
Division of Corporations  
Attention: Tyrone Scott  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Tyrone,

~~It was a pleasure speaking with you this afternoon.~~

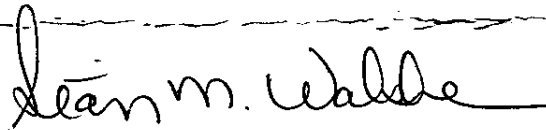
Per our conversation, I have completed and attached the "Corporation Reinstatement" form.

Per your instructions, may this document serve as notice that Keep It Briefcase, Inc. ask that the 2003 fee and penalties be waved as the company never received the notification/bill from your department. You mentioned to me that your records indicated that the Post Office returned the mailing to the Division of Corporations as undeliverable.

Additionally, per your instructions, I have enclosed a payment of \$308.75 to reinstate Keep It Briefcase, Inc. to active status and to receive a Certification of Status.

I would like to personally thank you for your professional and courteous assistance.

All the best,



Sean M. Walshe CEO