

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

04 MAR 22 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000071292

1. Corporation Name

BRY-REN JAMES PAINTING & WATERPROOFING, INC.

Principal Place of Business

Mailing Address

18545 NARCISSUS RD
FT MYERS FL 33912

18545 NARCISSUS RD
FT MYERS FL 33912

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

15800-6 Brothers Ct.

Fr. Myers, Florida

33912 Lee

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

06/27/2002

5. FEI Number

74-3113063

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P/T	Gary T. Niger	18545 Narcissus Road Fr. Myers FL 33912	Fr. Myers, FL 33912
VP	Norma J. Niger	18545 Narcissus Rd	Fr. Myers, FL 33912
			500029299205 02/24/04--01030--011 **150.00
			500029299205 03/23/04--01108--012 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NIGER, GARY
18545 NARCISSUS RD
FT MYERS FL 33912

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Gary Niger

REGISTERED AGENT MUST SIGN

Date

2/18/04

11. 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:

Gary Niger
GARY T. NIGER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/04

Date

239-415-8980

Daytime Phone #

CR2E040 (7/03)



FAUX FINISHES
PRESSURE CLEANING
COMMERCIAL
SHOPPING CENTERS
INDUSTRIAL
CONDOMINIUMS
RESIDENTIAL

March 18, 2004

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee FL 32314-6327

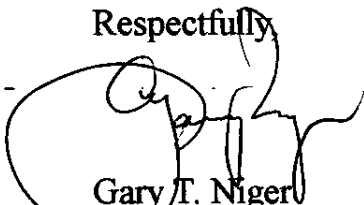
To Whom It May Concern:

Enclosed, please find a second check in the amount of \$150.00 which pays in full the cost of reinstatement, per your letter of February 26, 2004.

However, we are requesting fee abatement, due to the fact that when the forms were mailed out for reinstatement; we were in the process of moving from one office location to our new office location, and unfortunately the forms were lost in the mail. We hope you will understand our request.

Thank you for your time & co-operation in this matter.

Respectfully,



Gary T. Niger
President