

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

03 OCT 24 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000084848**

1. Corporation Name

BRITAIN'S "INC".

Principal Place of Business

252 SHORE DRIVE
DESTIN FL 32550

Mailing Address

252 SHORE DRIVE
DESTIN FL 32550

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/06/2002

5. FEI Number

☒ 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
Pres	ROY PARKER	252 SHORE DR. DESTIN FL. 32550	DESTIN FL 32550
SEC.	VIRGINIA PARKER	"	" " "
			400024091894 10/24/03--01067--010 **150.00

8. Name and Address of Current Registered Agent

PARKER, ROY MR.
252 SHORE DRIVE
DESTIN FL 32550

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **10/20/03**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/03

Date

Daytime Phone #

850-650.7353

CR2E040 (7/03)

Britain's Inc
252 Shore Drive
Destin Fl.32550
Tel.850-650-7353
October 22, 2003

Florida Dept. of State
Divisions of Corporations.
Reinstatement Department

Dear Sir or Madam,

Please find the application for reinstatement.
Please accept my apologies for the delay but to
the best of my knowledge we did not receive
the business reports package.

Yours sincerely

A handwritten signature in black ink, appearing to read "Roy Parker". The signature is stylized with a large, sweeping loop at the end.

Roy Parker Pres.