

2005 FOR PROFIT CORPORATION REINSTATEMENT

B 182

FILED

05 OCT 25 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

T. Roberts OCT 28 2005



DOCUMENT # P02000091671

1. Entity Name
MABRISE CORP.



Principal Place of Business
**985 LAKE BERKLEY DRIVE
KISSIMMEE, FL 34746**

Mailing Address
**985 LAKE BERKLEY DRIVE
KISSIMMEE, FL 34746**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

05112005 REIN-P CR2E098 (6/04)

4. FEI Number
31-1827261

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**COHN, SCOTT E ESQ.
315 SE 7TH STREET
SECOND FLOOR
FT. LAUDERDALE, FL 33301**

7. Name and Address of New Registered Agent
Name **Curtis, Bridget**
Street Address (P.O. Box Number is Not Acceptable)
985 Lake Berkley Drive
City **Kissimmee** FL Zip Code **34746**

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 **x B Cuf** DATE **10-20-05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURTIS, BRIDGET 985 LAKE BERKLEY DRIVE KISSIMMEE, FL 34746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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900060916329
10/25/05--01024--003 **300.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **x B Cuf** DATE **10-20-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/2002

Florida Department of State
Division of Corporations

Mabrise Corp.
985 Lake Berkley Drive
Kissimmee, FL 34746
Document # P02000091671

We did not receive and failed to file a timely form UBR for 2004 & 2005 for Mabrise Corp.. We did not receive any documentation from the state to advise us and were unaware of our renewal requirements with FORM UBR. We have just acquired a new accountant who has informed us that we should have filed this form every year before May 1st.

I am requesting that the department of state remove the penalty and accept our renewal as is. This was an honest mistake and many steps have been put into place to avoid these errors in the future. We take these filing requirements very seriously and only want to do the right thing.

I would appreciate any assistance in reference to this matter.

If you have any questions, please call Scott P. Long at 407/343-5590 and he will be happy to help you.

Thank you,



Bridget Curtis
Director