

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 APR -6 PM 2:54

RECEIVED  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name  
**Brielle Enterprises, Inc  
PO2000107110**

2. Principal Office Address  
**700 Roanoke Place**  
Suite, Apt. #, etc.

3. Mailing Office Address  
**700 Roanoke Place**  
Suite, Apt. #, etc.

City & State  
**Sebring FL**  
Zip  
**33870** Country  
**Highlands**

City & State  
**Sebring FL**  
Zip  
**33870** Country  
**Highlands**

4. Date Incorporated or Qualified To Do Business in Florida  
**10-24-2002**

5. FEI Number  
**270031654** Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

**REINSTATEMENT**

**7. Name and Address of Current Registered Agent**

Name  
**Sherry D. Dawes**

Street Address (P.O. Box Number is Not Acceptable)  
**700 Roanoke Place**

Suite, Apt. #, Etc.

City  
**Sebring** State  
**FL** Zip Code  
**33870**

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  
**Sherry D. Dawes** Date  
**4/4/06**  
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
PCED	Sherry D. Dawes	700 Roanoke Place	Sebring FL 33870
VTD	Michael T. Dawes	700 Roanoke Place	Sebring FL 33870

900070305639  
04/13/06--01016--023 \*\*450.00

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 contained in Chapter 119, 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: **Michael T. Dawes** Date  
**4-4-06** Daytime Phone #  
**863 382-1941**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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To Whom It May Concern:

Brielle Enterprises, Inc. did not receive an annual report for the year 2004, or any following year. Therefore, we assumed everything was in place and nothing more needed to be handled.

Should you have any questions, please feel free to contact us.

Sincerely,

