

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 DEC -8 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P02000109807

**1. Corporation Name**

Britco Financial Services, Inc.  
8214 Bella Fiore Way  
Boynton Beach, FL 33437 USA

**2. Principal Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/10/02

**5. FEI Number**

52-2383291

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

Street Address (P.O.)

Mr. Richard Pines  
8214 Bella Fiore Way  
Boynton Beach, FL 33437

Suite, Apt. #, Etc.

City

800025329528

12/08/03--01083--005 \*\*150.00

State  
**FL**

Zip Code

**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

*Richard Pines*

Date

12/4/03

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
DIP/ITS	Mr. Richard Pines 8214 Bella Fiore Way Boynton Beach, FL 33437		

**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:

*Richard Pines* RICHARD PINES  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

DEC 4, 03 5617428481

Daytime Phone #

CR2E081 (10/02)

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# ANCHEL & COMPANY

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Certified Public Accountants

December 3, 2003

State of Florida  
Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

RE: Britco Financial Services, Inc.  
P02000109807 52-2383291

Dear Sir or Madam:

This letter is being written on the behalf of my above named client as it relates to their Application for Reinstatement. Enclosed herewith please find the completed Corporate Reinstatement Application and my client's check in the amount of \$150 covering 2003's Annual Report Fee and Corporate Supplemental Fee.

As you will notice from the attached, the Corporation's address has changed since it was formed October 10, 2002. Mail is no longer being forwarded and as the Corporation is relatively young, the officers were unaware of the Annual Report and related fee required. As such they did not know they missed the 2003 filing. Accordingly, we respectfully request that the \$600 Reinstatement Fee be waived.

If I can be of any further assistance in this matter, please do not hesitate to contact me.

Very truly yours,



Edward Anchel  
Certified Public Accountant