

\$150.00

## 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 DEC 19 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



12142005 REIN-P CR2E098 (6/04)

<b>DOCUMENT # P02000126825</b>			
1. Entity Name <b>BROTHERS R.V. RESORT, INC.</b>			
Principal Place of Business <b>8190 HWY 441 SE OKEECHOBEE, FL 34974</b>		Mailing Address <b>215 WESTMINSTER ROAD WEST PALM BEACH, FL 33405</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>1417 ALPHA COURT</b> Suite, Apt. #, etc.	
City & State		City & State <b>WEST PALM BEACH, FL</b>	
Zip	Country	Zip	Country
<b>33406</b>	<b>USA</b>	<b>33406</b>	<b>USA</b>
4. FEI Number <b>13-4222440</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>KREITMAN, ALAN 215 WESTMINSTER ROAD WEST PALM BEACH, FL 33405</b>		7. Name and Address of New Registered Agent Name <b>KREITMAN, ALAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>1417 ALPHA COURT</b> City <b>WEST PALM BEACH</b> FL Zip Code <b>33406</b>	
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  DATE <b>12/15/05</b> 1. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$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 KREITMAN, ALAN 215 WESTMINSTER ROAD WEST PALM BEACH, FL 33405 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	KREITMAN ALAN 1417 ALPHA COURT WEST PALM BEACH, FL 33406 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHEEVER, JAMES 1420 PALM CIRCLE WEST PALM BEACH, FL 33406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	900062325419 12/21/05--01030--002 ***300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <b>ALAN KREITMAN</b>		Date <b>12/15/05</b> Daytime Phone # <b>561/312-7258</b>	