APPROVED AND

2005 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION ~~REINSTATEMENT~~ Annual Report

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 AUG -2 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 861068112 (P03000065625)

1. Corporation Name
BRYCOB CORP
2800 N OCEAN Dr B24C
SINGER ISLAND Fl 33404

2. Principal Office Address	3. Mailing Office Address
2800 N OCEAN Dr	2800 N OCEAN Dr
Suite, Apt. #, etc. B24C	Suite, Apt. #, etc. B24C
City & State SINGER ISLAND FL	City & State SINGER ISLAND FLA
Zip 33404 County PALM BEACH	Zip 33404 County PALM BEACH

K. Eckel AUG 08 2005

4. Date Incorporated or Qualified To Do Business in Florida 6-13-03

5. FEI Number 861068112 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: MARIA E VAN SICKLE
Street Address (P.O. Box Number is Not Acceptable): 2800 N OCEAN Dr - B24C
Suite, Apt. #, Etc.: B24C
City: SINGER ISLAND State: FL Zip Code: 33404

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: Maria Van Sickle Date: 7/28/04
REGISTERED AGENT MUST SIGN

CR2E041 (07-'05)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	MARIA E VAN SICKLE	2800 N OCEAN Dr	SINGER ISLAND FL 33404
			400058642164 08/16/05--01013--007 **183.75

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: Maria Van Sickle 7/28/05 786-255-3540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Certificate Require