

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 APR 14 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000137285**

1. Corporation Name

BRICKHOUSE MANAGEMENT LLC

2. Principal Office Address - No P.O. Box #

5136 RIVERLAKE DR

3. Mailing Office Address

5136 RIVERLAKE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BARTOW, FL

City & State

BARTOW FL

Zip

33830

Country

US

Zip

33830

Country

US

000123281590

04/14/08--01051--009

**458.75

REINSTATEMENT

06-08

4. Date first licensed or Qualified
To Do Business in Florida

11/14/03

5. FEI Number

16-1688725

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

HEIDI BRICKHOUSE

Street Address (P.O. Box Number is Not Acceptable)

5136 RIVERLAKE DR

Suite, Apt. #, Etc.

City

BARTOW

State

FL

Zip Code

33830

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Heidi Brickhouse

REGISTERED AGENT MUST SIGN

Date **4/9/08**

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
P/O OFFICER	HEIDI BRICKHOUSE	5136 RIVERLAKE DR	BARTOW, FL 33830
VP/ OFFICER	SCOTT BRICKHOUSE	5136 RIVERLAKE DR	BARTOW, FL 33830

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:

Heidi Brickhouse **HEIDI BRICKHOUSE**

4/9/08

813 477 2704

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #