PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -5 AM 8: 58

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO4000023052

1. Corporation Name

BRANDAN BICKERTON, INC.

REINSTATEMENT 05-06

CR2E081 (12/05)

2. Principal Office Address

2188 24TH AVE. N.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 20663

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida 1-26-2004

City & State

ST PETERSBURG FL

City & State

ST PETERSBURG FL

5. FEI Number
30-0229409

☐ Applied For
☐ Not Applicable

Zip	Country	Zip	Country
33713	PINELLAS	33716	PINELLAS

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

7. Name and Address of Current Registered Agent

Name

R BRANDON BICKERTON

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

2188 24TH AVE. N.

Suite, Apt. #, Etc.

200082285772
12/05/06--01011--022 **30 .00

City	State	Zip Code
ST PETERSBURG	FL	33713

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 x R Branden Bickerton

REGISTERED AGENT MUST SIGN

Date x 12-1-06

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	R BRANDON BICKERTON	2188 24TH AVE N.	ST PETERSBURG FL 33713

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: x R Branden Bickerton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 12-1-06 (727)504-9988

Date   Daytime Phone #

December 1, 2006

From: R. Brandan Bickerton, President
Brandan Bickerton, Inc.
2188 24th Avenue N.
St. Petersburg, FL 33713

To: FL Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please waive the reinstatement fee on my corporation, Brandan Bickerton, Inc., document
P04000023052, for the following reason:

I never received the annual UBR report from the state of Florida for 2005 and 2006.

Enclosed is a check for $300.00 to cover the state Annual Report fees for 2005 and 2006.
A filled out Corporate Reinstatement form is also enclosed.

Please enter R. Brandan Bickerton as President and add my corporate EIN of 30-0229409
to my   corporate database.

Thank you.

x _R. Brandan Bickerton_   x 12-1-06

R. Brandan Bickerton, President
Brandan Bickerton, Inc.