

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 804000163728

1. Corporation Name

Brit Riky Inc

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

700 Via Royale

3. Mailing Office Address

700 Via Royale

Suite, Apt. #, etc.

Apt 713

Suite, Apt. #, etc.

Apt 713

City & State

Jupiter FL

City & State

Jupiter FL

Zip

33458

Country

USA

Zip

33458

Country

USA

7. Name and Address of Current Registered Agent

Name

Alan Rosenblum

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

700 Via Royale

Suite, Apt. #, Etc.

Apt 713

City

Jupiter

State

FL

Zip Code

33458

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 Alan Rosenblum

REGISTERED AGENT MUST SIGN

Date

10/30/07

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
<u>Pres</u>	<u>Alan Rosenblum</u>	<u>700 Via Royale Apt 713</u>	<u>Jupiter FL 33458</u>

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 Alan Rosenblum

Alan Rosenblum

10/30/07

(561) 396-4517

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RECEIVED
07 NOV -2 AM 8:18
TALLAHASSEE, FLORIDA

REINSTATEMENT 0507

900111647709
11/02/07--01048--007 **1058.75

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

12/6/04

5. FEI Number

70-1984801

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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.