PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS DOCUMENT # OULDOUL 3728 1. Corporation Name Brit Riey Inc 2. Principal Office Address - No. P.O. Box # 700 Vig Royale Suite, Apt. #, gtc. Suite, Apt. #, gtc. City & State Typiter FL Zip Country FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS OT NOV - 2 NO 8: 18 OT NOV - 2 NO 8:
Brit Riky Inc 2. Principal Office Address - No 9.0. Box # 3. Mailing Office Address 11/02/0701048007 **1058.79 2. Principal Office Address - No 9.0. Box # 700 Vig Royale 11/02/0701048007 **1058.79 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date incorporated or Qualified To Do Business in Florida 12/6/64 Typiter FL Typiter FL Suite FL Typiter FL Not Applied For Not Applied Fo
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33458 USA 33458 USA GERTIFICATE OF STATUS DESIRED S8.75 Additional Fee rec
7. Name and Address of Current Registered Agent
Name Alan Rosen flum The reinstatement fee is imposed, except in circumstances which the entity did not receive
Street Address (P.O. Box Number is Not Acceptable) the prior notices. By checking this box, you
Suite, Apt. #, Etc. And 7/7 Suite, Apt. #, Etc. And 7/7 are certifying the prior notices were not received and requesting the reinstatement
City State Zip Code FL 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 Cate 10/30/07
REGISTERED AGENT MUST SIGN
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Street Address of Each
Officer and/or Directors Officer and/or Director City / State / Zip
Pres Alan Hosenblum 700 Via Kayale-Apt 713 J-pites FL 33458
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 filling 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 indicate
on this application is true and accurate, and my eignature shall have the same legal effect as if made under oath. SIGNATURE: X JUM