

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 DEC 21 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000173556

1. Corporation Name

Breland Management GP Corporation

REINSTATEMENT

CR2E081 (1/07) 06-07

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

1809 Weakfish Way

Suite, Apt. #, etc.

3. Mailing Office Address

2101 W. Clinton Ave

Suite, Apt. #, etc.

Suite 501

City & State

Panama City Beach, FL

City & State

Huntsville, AL

Zip

32408

Country

USA

Zip

35805

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-2107760

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

Brenda Buschmann

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

11501 Hutchison Blvd.

Suite, Apt. #, Etc.

☐ 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.

City

Panama City Beach

State

FL

Zip Code

32407

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

Brenda Buschmann

Date

12/17/07

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	Louis W. Breland	1809 Weakfish Way	Panama City Bch, FL 32408
			300113336186 12/21/07--01009--017 **300.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/17/07 256-713-3636 x111

B. Mitchell DEC 21 2007