

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 JUL 14 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000122734

1. Corporation Name

Burrell Inc.

7-17-08 24

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

215 Hermitage Hill Way

Suite, Apt. #, etc.

City & State

Valrico, FL

Zip

33594

Country

US

3. Mailing Office Address

215 Hermitage Hill Way

Suite, Apt. #, etc.

City & State

Valrico, FL

Zip

33594

Country

US

REINSTATEMENT 06-08

4. Date Incorporated or Qualified
To Do Business in Florida

09/06/2005

5. FEI Number

20-3560666

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

Eddie Burrell

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

215 Hermitage Hill Way

Suite, Apt. #, Etc.

City

Valrico

State

FL

Zip Code

33594

☒ 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

Eddie Burrell

Date

7/11/2008

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 |
|--------|--------------------------------------|---|--------------------|
| P | Eddie Burrell | 215 Hermitage Hill Way | Valrico, FL 33594 |
| T | Eddie Burrell | 215 Hermitage Hill Way | Valrico, FL 33594 |
| V | Eddie Burrell | 215 Hermitage Hill Way | Valrico, FL 33594 |
| S | Eddie Burrell | 215 Hermitage Hill Way | Valrico, FL 33594 |
| | | | |
| | | | |

300132893163
07/14/08--01059--010 **450.00

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

7/11/2008 (813) 679-9889

Date

Daytime Phone #