

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 MAY 11 PM 2:13

DOCUMENT # P06000047769

1. Corporation Name

LEE Bryan Reef Estate, Inc

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

11023 So. Ocean Dr

3. Mailing Office Address

same

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

Jensen Beach, FL

City & State

Zip

34957

Country

St Lucie

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

3-31-06

5. FEI Number

521299189

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

Susan Lee Bryan

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

4603 NW Red Maple Dr

Suite, Apt. #, Etc.

City

Jensen Beach

State

FL

Zip Code

34957

☒ 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

Susan Lee Bryan

Date May 5, 2009

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Yes	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>Pres</u> <u>Broker</u>	<u>owner Susan Lee Bryan</u>	<u>4603 NW Red Maple Dr.</u> <u>Jensen Beach, FL</u>	<u>34957</u>

FF \$450

**REINSTATEMENT**

WOP

07-09

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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:

Susan Lee Bryan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/5/09

Daytime Phone #

772-349-5020

FEI #  
JLH