

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **Po 700000 2325**

1. Corporation Name

D DuTrq Brick Rivers, INC.

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

3516 Coronado Dr

Suite, Apt. #, etc

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Zip

Country

34231

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

Diogo A DuTrq

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

3516 Coronado Dr

Suite, Apt. #, Etc.

2916

City

Sarasota

State

FL

Zip Code

34231

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

Diogo A DuTrq

REGISTERED AGENT MUST SIGN

Date

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
DP	Diogo A DuTrq	3516 Coronado Dr	Sarasota, FL 34231
DS	Francinera M Ribeiro	3516 Coronado Dr	Sarasota, FL 34231
VP	Rones S Souza	3516 Coronado Dr	Sarasota, FL 34231
VP	Jose G Quirino	3516 Coronado Dr	Sarasota, FL 34231

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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:

Diogo A DuTrq

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/2010

Date

Daytime Phone #

904-222-1613

Phone # **904-222-1613**

FILED

10 FEB -2 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-10
700167768281
02/02/10--01012--021 **450.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

01/05/2007

5. FEI Number

208194811

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status