

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 30 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000011961

1. Corporation Name

BRINDISE ENTERPRISES, INC.

REINSTATEMENT

08-09

000164082620

12/31/09--01024--002 **300.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #
8545 SW 76TH PLACE

3. Mailing Office Address
8545 SW 76TH PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
GAINESVILLE, FL

City & State
GAINESVILLE, FL

Zip Country
32608 USA

Zip Country
32608 USA

4. Date Incorporated or Qualified
To Do Business in Florida 01/25/2007

5. FEI Number
20-8292066

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
NOAH BRINDISE

Street Address (P.O. Box Number is Not Acceptable)
8545 SW 76TH PLACE

Suite, Apt. #, Etc.

City
GAINESVILLE

State Zip Code
FL 32608

☒ 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

Noah Brindise

Date 12/28/2009

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	NOAH BRINDISE	8545 SW 76TH PLACE	GAINESVILLE, FL 32608

10. E-mail Address: NOAH.BRINDISE@HOTMAIL.COM

(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:

Noah Brindise

NOAH BRINDISE

12/28/2009 610-586-5810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/28/09