

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P32449**

1. Corporation Name

BRAMBLES ENTERPRISES INC.

Principal Place of Business

555 NORTH POINT CENTER EAST
THIRD FLOOR
ALPHARETTA GA 30022
US

Mailing Address

555 NORTH POINT CENTER EAST
THIRD FLOOR
ALPHARETTA GA 30022
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/10/1991

5. FEI Number

52-1660753

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ELTMANN, GERALD M Melissa L. Schmidt	400 N MICHIGAN AVE #810 555 North Point Center E 3rd Fl.	CHICAGO IL 60611 Alpharetta, GA 30022
VDST	WEBSTER, DAVID J T. Douglas Duskin	400 N MICHIGAN AVE #810 555 North Point Center E 3rd Fl.	CHICAGO IL 60611 Alpharetta, GA 30022
WAS	TURNER, D.J. Robin Cleavenger	P.O. BOX 55 555 North Point Center E 3rd Fl.	REDDITCH, WOR., U.K. Alpharetta, GA 30022
D	FARRELL, ROBERT V	1 MALQUARIE PLACE, LEVEL 40 GATE	SYDNEY, AUSTRALIA NSW
WAS	HARRIS, RICHARD Kelly A. Howley	57 50 ST. JAMES ST 1100 Peachtree St., #2800	LONDON, ENGLAND SW1 Atlanta, GA 30309
D	ATKINSON, PETER	57 50 ST. JAMES ST	LONDON, ENGLAND SW1

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

Kelly A. Howley

Kelly A. Howley, Asst. Secretary

10/27/03

404.815.6328

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (7/03)

Brambles USA Inc
555 North Point Center East Third Floor
Atlanta Georgia 30022 USA
Tel (678) 366 4960
Fax (678) 366 4969

October 27, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Brambles

RE: *Brambles Enterprises, Inc.*
Document No. P32449

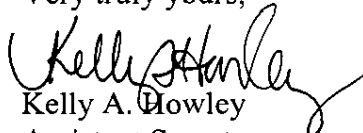
Dear Sir or Madam:

The above referenced corporation was revoked by your office on September 19, 2003 for failure to file its 2003 annual report. Please be advised that the corrected 2003 annual report was mailed back to your office on April 28, 2003 (copy enclosed), but apparently never processed. Additionally, our check in the amount of \$150.00 has been received and processed by your office. I have enclosed a copy of the cancelled check for your reference.

Please have this company reinstated on your records as soon as possible. Enclosed is the Application for Reinstatement to be filed with your office. Further, I hereby request that the \$600.00 filing fee be waived as the corrected report was returned to your office in a timely manner.

Please return evidence of filing to my attention once available. I have enclosed a self-addressed stamped envelope for your convenience. If you have any questions or problems, please call me at (202) 824-1438. Thank you for your assistance in this matter.

Very truly yours,


Kelly A. Howley
Assistant Secretary

Enclosures

Cc: Ms. Robin Cleavenger