

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 SEP -3 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000008059

1. Corporation Name

BREILHAUS, INC.

Principal Place of Business

Mailing Address

9445 NW 52 DORAL LN
MIAMI FL 33178

9445 NW 52 DORAL LN
MIAMI FL 33178

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

2. New Principal Office Address, If Applicable

10544 N.W. 26th ST

3. New Mailing Office Address, If Applicable

10544 N.W. 26th ST

Suite, Apt. #, etc.

E 104

Suite, Apt. #, etc.

E 104

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33172

DADE

Zip

33172

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

01/29/1993

5. FEI Number

65-0650611

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
DPS	BREIL, GIORA	9445 NW 52 DORAL LN	MIAMI FL 33178
VP	BREIL, ANA LUCIA	9445 NW 52 DORAL LN	MIAMI FL 33178

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-09/25/02--01081-011
****900.00 ****900.00

8. Name and Address of Current Registered Agent

BREIL, GIORA
9445 NW 52 DORAL LN
MIAMI FL 33178

9. Name and Address of New Registered Agent

Name

BREIL, GIORA

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

10544 N.W. 26th ST

Suite, Apt. #, Etc.

E 104

City

MIAMI

State

FL

Zip Code

33172

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.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/23/01

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:

[Signature]

Giora W. Breil

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/01 555 2011

CR20040 (8/01)