

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 18 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000008059

1. Corporation Name

BREILHAUS, INC.

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

2267 S.W. 16 Court

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33145

Country

US

3. Mailing Office Address

2267 S.W. 16 Court.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33145

Country

US

REINSTATEMENT 05-09

CR2E081 (11/09)

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. Name and Address of Current Registered Agent

Name

BREIL, GIORA

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

2267 S.W. 16 Court

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33145

☒ 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

Date

11/16/09

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
DPS	BREIL, GIORA	2267 S.W. 16 Court	Miami, FL 33145

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:

GIORA W. BREIL

Date

11/16/09

Daytime Phone #

305

213 2857