

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9300000512891

1. Corporation Name

JOE BRICKETTO, INC.

99 APR 20 AM 11:58

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

680 WEST PALM AIRE DRIVE
POMPANO BEACH, FL 33069

(SAME)

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

2. New Principal Office Address, If Applicable

680 WEST PALM AIRE DR.

Suite, Apt #, etc.

3. New Mailing Office Address, If Applicable

680 WEST PALM AIRE DR.

Suite, Apt #, etc.

City & State

POMPANO BEACH, FLORIDA

City & State

POMPANO BEACH, FLORIDA

Zip

33069

Country

USA

Zip

33069

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/93

5. FEI Number

65-0385921

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
J	JOE BRICKETTO

Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)
7905 NW 83RD STREET TAMARAC, FL 33321

City / State / Zip 4
TAMARAC, FL 33321
500002855445-4
-04/28/99--01094-017
****900,00 ****900,00

8. Name and Address of Current Registered Agent

JOE BRICKETTO
680 WEST PALM AIRE DRIVE
POMPANO BEACH, FL 33069

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.

Signature of
Registered Agent

Joseph E. Bricketto
REGISTERED AGENT MUST SIGN

Date

4/15/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax)

12. 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)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph E. Bricketto

Date

Daytime Phone #

4/15/99 (954) 971-7148