

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV -4 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000011038

1. Corporation Name
BREN ENTERPRISES, INC.

Principal Place of Business 1110 NW 23 PL
POMPANO BEACH FL 33064
US

Mailing Address 1110 NE 23 PL
POMPANO BEACH FL 33064
US



REINSTATEMENT *96*

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

2. New Principal Office Address, If Applicable <i>28 Street e</i>		3. New Mailing Office Address, If Applicable <i>1251 SUSSEX DR.</i>		4. Date Incorporated or Qualified To Do Business in Florida <i>02/12/1993</i>	
Suite, Apt. #, etc. <i>Meridian Ave</i>		Suite, Apt. #, etc.		5. FEI Number <i>65-0387714</i>	
City & State <i>MIAMI Beach FL</i>		City & State <i>NO LAUD. FL.</i>		Applied For Not Applicable	
Zip <i>33140</i>	County <i>DADE</i>	Zip <i>33068</i>	County <i>BROWARD</i>	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	THOMAS, BRENDA	2400 SE 10TH COURT	POMPANO BEACH FL 33068
D	THOMAS, BRENDA	1251 SUSSEX DR.	NORTH LAUDERDALE FL 33068
			000002000760--5 -11/08/96--01090--005 ***375.00 ***375.00
			<i>DB11-796</i>

8. Name and Address of Current Registered Agent THOMAS, BRENDA 1110 NE 23 PL POMPANO BCH FL 33064		9. Name and Address of New Registered Agent Name <i>BRENDA THOMAS</i> Street Address (P.O. Box Number is Not Acceptable) <i>1251 SUSSEX DR.</i> Suite, Apt. #, Etc. City <i>No LAuderdale</i> State FL Zip Code <i>33068</i>	
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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 *Brenda Thomas* REGISTERED AGENT MUST SIGN Date *Oct. 30, 1996*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(f), 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: *Brenda Thomas* **Brenda Thomas** 10/30/96 954-224-8549
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C1232040 (7/95)