

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC -3 AM 8:00

DOCUMENT # P93000020412

1. Corporation Name
Gary T. Bringman Services, Inc.

2. Principal Office Address
1111 29th Ave. W.
Suite, Apt. #, etc.

3. Mailing Office Address
1111 29th Ave. W.
Suite, Apt. #, etc.

City & State
Bradenton, FL
Zip Country
34205

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Zip Country
34205

4. Date Incorporated or Qualified
To Do Business in Florida 03/15/1993

5. FEI Number 650391295 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 97-03
MRS

7. Name and Address of Current Registered Agent

Name
Gary T. Bringman

Street Address (P.O. Box Number is Not Acceptable)
1111 29th Ave. W.

Suite, Apt. #, Etc.

City State Zip Code
Bradenton FL 34205

000025175060
12/03/03--01018--018 **1654.00

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 [Signature] Date 11-26-03
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
D/P/V/S/T	Gary T. Bringman	1111 29th Ave. W.	Bradenton, FL 34205

10. 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] Gary T. Bringman, Director 11-26-03 9417466643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)