

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

1997 APR 17 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000022538

1. Corporation Name

Bray International Professional Services  
of London, Inc.

Principal Place of Business

Mailing Address

800 Fleming Street  
Key West, Florida 33040

700002148087--9  
-04/18/97--01099--002  
\*\*\*\*\*915.00 \*\*\*\*\*915.00

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

2. New Principal Office Address, If Applicable  
525 Petronia Street

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
525 Petronia Street

Suite, Apt. #, etc.

City & State  
Key West, Florida

City & State  
Key West, Florida

Zip  
33040

Country  
Monroe

Zip  
33040

Country  
Monroe

4. Date Incorporated or Qualified  
To Do Business in Florida

March 25, 1993

5. FEI Number

65-0392634

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)

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	Bray, John J.	525 Petronia Street	Key West, FL 33040
D	Bray, Elizabeth	525 Petronia Street	Key West, FL 33040
D	Browning, Michael	402 Appelrouth Lane	Key West, FL 33040
D	Boehm, Robert	706 10th Street	Mukilteo, WA 98275

REINSTATEMENT

8. Name and Address of Current Registered Agent

Guy A. Willis, CPA  
Parks & Niles, P.A.  
2432 Flagler Avenue  
Key West, Florida 33040

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

4/17/97

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9 APR 15, 1997 306-2943309

CP2E040 (12/96)