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
97 APR -7 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P94000020955

1. Corporation Name

J & E BRUHN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
~~1949 Coral Point Dr.~~ ~~Cape Coral, Fl. 33990~~ US	~~P.O. Box 151202~~ ~~Cape Coral, Fl. 33915~~ US

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

REINSTATEMENT 96-97

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
2323 S. Del Prado Blvd.	P.O. Box 723
Suite, Apt. #, etc.: Unit 6 A	Suite, Apt. #, etc.
City & State: Cape Coral	City & State: Cape Coral
Zip: 33919 Country: Florida	Zip: 33910 Country: Florida

4. Date Incorporated or Qualified To Do Business in Florida: 03 | 17 | 1994

5. FEI Number: 65-0475820 ☐ 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	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P.C	Bruhn, Juergen H	2323 S. Del Prado Blvd.	Cape Coral, Fl. 33919
V.T.S	Bruhn, Ellen	2323 S. Del Prado Blvd.	Cape Coral, Fl. 33919

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4/7/97

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Ellen Bruhn 2323 S. Del Prado Blvd Cape Coral, Fl. 33919	Name: Ellen Bruhn Street Address (P.O. Box Number is Not Acceptable): 2323 S. Del Prado Blvd Suite, Apt. #, Etc.: Unit 6 A City: Cape Coral State: FL Zip Code: 33919

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: Ellen Bruhn (REGISTERED AGENT MUST SIGN) Date: Apr. 02 - 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: J. Bruhn Bruhn, Juergen H Apr. 02 - 97 (94)945 7005
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

CR2E040 (12/96)