

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
May 01 1998 8:00am
Secretary of State

DOCUMENT #

1. Corporation Name

BRENTWOOD ENTERPRISES INC

Mailing Address

Principal Place of Business

5030 CHAMPION BLVD. #6-269
BOCA RATON, FL 33496

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

5030 CHAMPION BLVD

3. New Principal Office Address, If Applicable

5030 CHAMPION BLVD

Suite, Apt. #, etc.

#6-269

Suite, Apt. #, etc.

#6-269

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33496

Country

Zip

33496

Country

FL

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0527275

Approved 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
PRES. DIR. SEC. VP	GREGORY FISCHER	5030 CHAMPION BLVD Suite # 6-269	BOCA RATON, FL 33496
S/D	CARL FISCHER	8010 N. ATLANTIC AVE	CAPE CANAVERAL, FL 32920

900002509659

05/04/98 01078 005

***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GREG FISCHER
5030 CHAMPION BLVD #6-269
BOCA RATON, FL 33496

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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] - (REG. AGENT) 4/24/98 Date 4/24/98
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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] 4/24/98
REG. AGENT + DIRECTOR 4/24/98 (954) 78/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone