	•	PLEAS	SE READ	ALL INST	RUCT	IONS BEFORE	COMPLET	ING T	HIS FORM!{	_ED	
	RPORATI STATEM	f:		5	Secretar	TMENT OF STATE y of State ORPORATIONS			03 OCT 13 SECRLIAN IALLAHASSI	AMII: L COFSIA SE, FLORII	∙8 ĎA
DOCU		# P9	4000076	5225		·					
BRS	S CONS	TRUCT	TION COR	P.			I				
L								re A	TEMEN	1 /2	-Q
				_	Mailing Office Address 165 Sunnydale Blvd.					100	
Suite K Sui				Suite K				porated or iness in F	Qualified 10/17	7/1994	
City & State Clearwater, Florida				city & State Clearwater, Florida				5. FEI Number Applied For 650529968 Not Applicable			
Zip 33765		Country		Zip 33765		Country USA	6.		Us neemen) - \$8.75	Additional Fee	e required
				7. N	ame and A	ddress of Current Regist	ered Agent				
	Name G	eoffrey	S. Momba	ach, Esq.							
	Street Add	Box Number is No	t Acceptable)	500 Ea							
	Suite, Apt. #, Etc.						 				
	^{City} Fo	rt Laud	erdale				<u> </u>	State FL	Zip Code 33394		
8. 1, being Signature o Registered	f	registered	agent of the abou	Mond	ation, ami te ENT MUST	amiliar with and accept the	obligations of secti	on 607.05	10/06/2003	i	
9. Names	and Street A	dresses of	Each Officer and	or Director (Flo	rida nonpro	fit 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	Mr. Bob Starnes				2165 Sunnydale Blvd., Suite K			Clearwater, Florida 33765			
Р	Mr. Robe	ert R. Sta	arnes		2165 Sunnydale Blvd., Suite K				Clearwater, Florida 33765		
					<u></u>			00	02374	5208	
	<u> </u>				L	 -		 			

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 filling 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 increase 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

Robert R. Starnes, President 10/06/2003 727-449-1314

Date

Daytime Phone #



AFile Firest A

	ACCOUNT NO. : 072100000032			
•	REFERENCE : 277404 7207A			
	AUTHORIZATION: Patricia lyuto			
	COST LIMIT : \$ 900.00			
ORDER DATE	: October 13, 2003		- - -	- -
ORDER TIME	: 10:16 AM			
ORDER NO.	: 277404-005			
CUSTOMER N	O: 7207A			
CUSTOMER:	Belinda Giliberti, Paralegal Mombach Boyle & Hardin, P.a. Suite 1950 500 E. Broward Boulevard Fort Lauderdale, FL 333943078	0		
	DOMESTIC FILINGS	TALLAHASS NASIDA OF C PERACITED	광 OCT 13	TATE OF THE STATE
NAMI	E: BRS CONSTRUCTION CORP.	ORFORATIONS EE, FLORIDA	香田:00	E E
XX REIN	STATEMENT			
PLEASE RETU	URN THE FOLLOWING AS PROOF OF FILING:			
XX PL	RTIFIED COPY AIN STAMPED COPY RTIFICATE OF GOOD STANDING			
CONTACT PE	RSON: Amanda Haddan EXT. 1155 EXAMINER'S INITIALS			