

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000029291

1. Corporation Name

Brittany Ltd. Enterprises, Inc

2. Principal Office Address - No P.O. Box #

1225 s. Florida Ave

3. Mailing Office Address

1225 S Florida Ave

Suite, Apt. #, etc.

A

Suite, Apt. #, etc.

A

City & State

Rockledge, Fl

City & State

ROCKLEDGE, FL

Zip

32955

Country

USA

Zip

32955

Country

USA

7. Name and Address of Current Registered Agent

Name

LEONARD BECKETT

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

1225 S. FLORIDA AVE

Suite, Apt. #, Etc.

A

City

ROCKLEDGE

State

FL

Zip Code

32955

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**

REGISTERED AGENT MUST SIGN

Date 04-14-2009

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
PRES	LEONARD BECKETT	6719 BRECKINRIDGE AVE	COCOA, FL 32926
VP	EDWARD MASHINTONIO	6719 BRECKINRIDGE AVE	COCOA, FL 32955
SEC	LEONARD BECKETT	6719 BRECKINRIDGE AVE	COCOA, FL 32955
TRE	EDWARD MASHINTONIO	6719 BRECKINRIDGE AVE	COCOA, FL 32955

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 contained in Chapter 119, 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

04-14-2009

Date

321-633-5499

Daytime Phone #

FILED
09 APR 17 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300150948883
04/17/09--01037--002 **1200.00
REINSTATEMENT 02-09

**4. Date Incorporated or Qualified
To Do Business in Florida** 04-13-1995

5. FEI Number
59-3308461

☐ Applied For
☐ Not Applicable

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

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

4/20/09