PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

page 1 of 3

APPLICATION ~~FOR~~ REINSTATEMENT

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

96 SEP 20 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000033545**

1. Corporation Name

BRIGHTON DESIGN BUILD,INC. ANNUAL REPORT

Principal Place of Business	Mailing Address
8803 RIVERLACHEN WAY RIVERVIEW FL 33569	8803 RIVERLACHEN WAY RIVERVIEW FL 33569

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: **04/25/1995**

5. FEI Number: ☑ 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
PD	PORE, MICHAEL C	8803 RIVERLACHEN WAY	RIVERVIEW FL 33569
VD	HAGAN, RENEE K	8803 RIVERLACHEN WAY	RIVERVIEW FL 33569
SD	BLALOCK, BRAIN	8803 RIVERLACHEN WAY	RIVERVIEW FL 33569

300001961803
-10/01/96--01177--006
****225.00 ****225.00

A. Agee 9-23-96

8. Name and Address of Current Registered Agent

PORE, MICHAEL C
8803 RIVERLACHEN WAY
RIVERVIEW FL 33569

9. Name and Address of New Registered Agent

Name: Renee K. Hagan
Street Address (P.O. Box Number is Not Acceptable): 8803 Riverlachen Way
Suite, Apt. #, Etc.:
City: Riverview | State: FL | Zip Code: 33569

CR2E040 (7/96)

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: Renee K. Hagan
REGISTERED AGENT MUST SIGN

Date: 9/26/96

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: Renee K. Hagan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/96 Date
677-0444 Daytime Phone #

Amy

We ordered a stop payment on this check. Our Bank has not cleared this check. 1st check & Report must have been lost in mail

Brighton Design Build, Inc.
8803 Riverlachen Way
Riverview, Florida 33569
(813) 677-0944 Fax (813) 671-4443

BARNETT BANK OF TA...
63-469/631

1315

PAY TO THE ORDER OF **Florida Department of State** $

Two Hundred Twenty-Five and 00/100********

DOLLARS

Florida Department of State
Division of Corporations
Post Office 13900
Tallahassee, Florida 32317

MEMO

⑈001315⑈ ⑆063104697⑆ 1406933483⑈

1315

Florida Department of State
07/01/96 **Bill #P9500003354** **08/29/96** **225.00**

Checking **225.00**

Sept 2 93

Principal Place of Business	Mailing Address
8803 RIVERLACHEN WAY RIVERVIEW FL 33569	8803 RIVERLACHEN WAY RIVERVIEW FL 33569

3. Date Incorporated or Qualified: 04/25/1995	3a. Date of Last Report:
4. FEI Number: 58-2173518	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PORE, MICHAEL C
8803 RIVERLACHEN WAY
RIVERVIEW FL 33569

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Michael C Pore 4/7/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PORE, MICHAEL C 8803 RIVERLACHEN WAY RIVERVIEW FL 33569	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HAGAN, RENEE K 8803 RIVERLACHEN WAY RIVERVIEW FL 33569	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BLALOCK, BRAIN 8803 RIVERLACHEN WAY RIVERVIEW FL 33569	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. 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 further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael C. Pore Michael C Pore 4/7/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0298424 CP

CR2E034 (12/95)

DO NOT DETACH THIS STUB

DO NOT WRITE OR MAKE ANY MARKS ON THIS
1996 ANNUAL REPORT

Date Due: 05/01/
Amount Due: $200.
Amount Due After 5/01/96: $225.

P95000033545 (1)

BRIGHTON DESIGN BUILD,INC.

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