	PLEASE READ	ALL INST	RUCTIONS	BEFORE C	OMPLET	ING THIS FORM.		
APPLICATION FLORID FOR PRINSTATEMENT			A DEPARTMENT OF STATE Sandra B. Mortham Secretary of State		1 ADDDOVED			
DOCUMENT # P9500035636					1998 DEC -3 PH 2: 19			
1. Corporation Name					SECRETARY OF STATE SALLAHASSEE, FLORIDA			
BRETTON MOTOR COMPANY, INC.					REIN	ISTATEMEN	78	
Principal Place of Business Mailing Addr			ess				366 12-3-18	
			IL SHORES DRIVE RDALE FL 33306					
	ddresses are incorrect in any way, line thr ncipal Office Address, if Applicable	3. New Mail	ng Office Address, If		Date Incorp.	orated or Qualified		
Suite, Apt. #, etc. Suite, Apt. #						To Do Business in Florida 05/08/1995		
City State City & State				ES	5. FEI Number Applied For Not Applicable			
Zip ·	Country Fig. 333		Country		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
7. Names a	and Street Addresses of Each Officer and/		rida nonprofit corpora					
Title(s)	Name of Officers and/or Directors 2	Str Of 3 (Do NOT Us	eet Address of Each ficer and/or Director e Post Office Box Nu	ımbers)	City / State	:/Zip		
PD	JACKSON, ERIC	2919 CORAL SHORES DR.			FT. LAUDERDALE FL 33306			
STD	JACKSON, COLIN	2919 CORAL SHORES DR.			FT. LAUDERDALE FL 33306			
						3000027066399 -12/08/9801083010 ****758.75 ****758.75		
	8. Name and Address of Current I	Parietarad Ana	unt		9 Name and A	Address of New Paristored As	ent	
					9. Name and Address of New Registered Agent Name			
GOLDING, SHELDON 101 N.W. 3RD AVENUE E				Street Address (P.O. Box Number Is Not Acceptable)				
SUITE 300				Suite, Apt. #, Etc.				
FT. LAI	JDERDALE FL 33301		City State Zip Code					
10. I, being appointed the logistered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date 2 3 98								
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No 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 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 accurate, and my signature shall have the same legal effect as if made under oath.								
SIGNATURE: UGNA PEREQUIRED 12-3-98 954-733-5988 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #								