

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Bryant H. McHone
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PA50000065048

1. Corporation Name

BNR ENTERPRISES INC

Principal Place of Business

Mailing Address

6450 N WICKHAM RD
MELBOURNE FL 32940

Bryant McHone
8138 Saratoga Way
PSL FL 34986

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

5. FEI Number

59-337 1797

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PTD	Bryant McHone	8138 Saratoga Way	Port St Lucie FL 34986
VP	Ramon Aguila	6000 Wickham Rd.	MELBOURNE FL 32940
Sec.	Bryant T McHone	1235 Walnut Grove Way	Rockledge MELBOURNE FL 32935

8. Name and Address of Current Registered Agent

Bryant H. McHone
8138 Saratoga Way
PSL FL 34986

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Bryant McHone

REGISTERED AGENT MUST SIGN

Date

3-9-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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:

Bryant McHone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-99

Date

561-489-0805

Daytime Phone #

3-9-99 ²

Florida Department of State
Division of Corporations:

Please ~~reactivate~~ ^{re}activate the
corporation BNR ENTERPRISES INC.
The renewal forms were sent
to the wrong address.

Thank You
mailing address: Christene Mutton
(owner) Rupert Mutton
8138 Saratoga Way
Palm, FL 33498

Business Address:
BNR ENTERPRISES INC.
Big Apple Pizzeria
6450 N Wickham Rd
Melbourne FL 32940