PLEASE READ	ALL INSTE	RUCTIONS	BEFORE C	OMPLETI	NG THIS FORM.	
APPLICATION FOR REINSTATEMENT	FLORIDA		NT OF STATE arris State		FILED	-   [ ] [
DOCUMENT # PASOOD TIMBLE				BECRETARY OF STATE FYISION OF CORPORATIONS		
1. Corporation Name BrideBuilt Truc				99 OCT 14 PM 4: 04		
Principal Place of Business  151 North lake Blvd.  So: te 2D North Palm Beach, FC 33408  If above addresses are incorrect in any way, line through incorrect information and enter correction below.					KIEWENT_	18-95
New Principal Office Address, If Applicable     New Mailing Office Address,			Applicable	4. Date Incorpo	orated or Qualified	
Suite, Apt. #, etc Suite, Apt. #, etc.			DIVA	Sept 13, 1443		
City & State				606259	Applied For Not Applicable	
Zip Country	210 33YC	18 Counti	A A	8.	\$8.75	Additional Fee required Certificate of Status
7. Names and Street Addresses of Each Officer and	/or Director (Florid	<del></del> _		<del></del>		
Title(s) Name of Officers and/or Directors	Street Address of Each Officer and/or Director Office Post Office Box Number		mbers) 4 City / State / Zip			
P Patricio ABrick				20	Palm Beach 6- 000030197 10/20/99011 *****900.00	33//8
			Saiblia			
8. Name and Address of Current Registered Agent  Patricia Brick - P  Name				9. Name and Address of New Registered Agent		
Palm Beaul Garden, Fr 334,8			Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  State Zip Code			
10. I, being appointed the registered agent of the ab	ove named corpore	ition, am familiar w	ith and accept the ob	oligations of Section		
Signature of Registered Agent States and Registered Agent	EGISTERED AGE	NT MUST SIGN			Date 10-11-9	9
11. This corporation owes the Intangible Personal Prope			Yes	l <sub>de 1</sub> 40 🔯	(See other side to on intangib	
12. I certify that I am an officer or director or the rece this reinstatement application, the reason for diss owed by the corporation have been paid and the on this application is true and accurate, and my s	olution has been e names of individua ignature shall have	liminated, the corp als tisted on this for the same legal eff	orate name satisfies m do not qualify for ect as if made under	the requirements an exemption und	of section 607,0401 or 617,0401	, F.S., that all fees
SIGNATURE: SIGNATURE AND TYPED OR PE	Pick Par	icia A. ANING OFFICER OR	Brick DIRECTOR		10-11-99 SZ1-8 Date Daylin	35-/233 ne Phone #