

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000096721

1. Corporation Name

B.R.P.T. INC.

Principal Place of Business

8120 PINES BLVD
PEMBROKE PINES FL 33024

Mailing Address

8120 PINES BLVD
PEMBROKE PINES FL 33024

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/27/1996

5. FEI Number

65-0714684

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	City / State / Zip
PD	HOLLINGSHEAD, VIVENNE	7975 SW 161 STREET	MIAMI FL 33157
SD	HOLLINGSHEAD, TERRY A	9311 SW 166 STREET	MIAMI FL 33157
VD	SMITH, MELVIN	1187 NW 133 AVE	PEMBROKE PINES FL 33124

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10/28/02--01080--014 **150.00

8. Name and Address of Current Registered Agent

HOLLINGSHEAD, VIVENNE
7975 SW 161 ST
MIAMI FL 33157

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

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/23/02

11. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/02

Daytime Phone # 850-222-5828

SANGOS CHINESE & JAMAICAN RESTAURANT

8120 PINES BLVD

PEMBROKE PINES, FL 33024

(954) 432-5828

10/23/2002

DIVISION OF CORPORATIONS

To Whom It May Concern:

This letter is to verify that our company did not receive the renewal forms to renew our corporations, this is the first letter we are receiving form the department of corporation .

Enclosed is a check for \$150.00 dollars to reinstate my corporation .

Thank you in advance.

Sincerely,

Sincerely,

