

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL -2 PM 12:04

DOCUMENT # P-97-000013753

1. Corporation Name

B.R.F. of CENTRAL FLORIDA, INC.

2. Principal Office Address

522 S. ATLANTIC

Suite, Apt. #, etc.

103

City & State

FL

NEW SMYRNA BEACH

Zip

32169

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

"

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12 FEB 97

5. FEI Number

59-3433602

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANTHONY G. BLANDI

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

5221 S. ATLANTIC AVE.

Suite, Apt. #, Etc.

103

City

NEW SMYRNA BEACH

State

FL

Zip Code

32169

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

AG Blandi

Date 5-8-01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	SUZANNE M. BLANDI	5221 S. ATLANTIC - 103	NEW SMYRNA BEACH FL 32169
VP	ANTHONY G. BLANDI	"	"

10. 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:

AG Blandi

5-8-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2081 (9/00)