

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT 13 PM 2:06

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000027217
1. Corporation Name BRISSON, INC
654 N.E. Dixie Hwy
Jensen Beach, FL
34957

200161323992
10/05/09--01037--006 **150.00

2. Principal Office Address - No P.O. Box #
654 N.E. Dixie Hwy
Suite, Apt. #, etc. -
City & State Jensen Beach, FL
Zip 34957 Country USA
3. Mailing Office Address
654 N.E. Dixie Hwy
Suite, Apt. #, etc. -
City & State Jensen Beach, FL
Zip 34952 Country USA

REINSTATEMENT 2009

4. Date Incorporated or Qualified
To Do Business in Florida 3-21-97
5. FEI Number 65-0767398 ☐ 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 Alfred Bressow
Street Address (P.O. Box Number is Not Acceptable)
654 N.E. Dixie Hwy
Suite, Apt. #, Etc. -
City Jensen Beach, FL State FL Zip Code 34952

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 [Signature]
REGISTERED AGENT MUST SIGN

Date 10-2-09

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
<u>President</u>	<u>Alfred Bressow</u>	<u>654 NE Dixie Hwy</u>	<u>Jensen Beach, FL</u> <u>34957</u>
<u>Secretary</u>			
<u>Vice President</u>			
<u>Treasurer</u>			

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 contained in Chapter 119, 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] ALFRED BRESSOW
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/2/09 772-334
4014
Daytime Phone #