


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

P8192

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary
DIVISION OF CORPORATIONS

FILED

01 MAY -9 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000029304

1. Corporation Name

Brett Seidenberg Inc

2. Principal Office Address

8524 Dee Circle

Suite, Apt. #, etc.

3. Mailing Office Address

8524 Dee Circle

Suite, Apt. #, etc.

City & State

Riverview, FL

City & State

Riverview, FL 33569

Zip

33569

Country

USA

Zip

33569

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/1/97

5. FEI Number

59-3441628

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

Brett Seidenberg

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

8524 Dee Circle

Suite, Apt. #, Etc.

City

Riverview

State

FL

Zip Code

33569

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

5/5/01

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	Brett Seidenberg	8524 Dee Circle	Riverview, FL 33569
			SP

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/5/01

Daytime Phone #

813-672-1630

Brett Seidenberg

8524 Dee Circle Riverview, FL 33569 813-672-1630 bsberg@tampabay.rr.com

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May 5, 2001

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

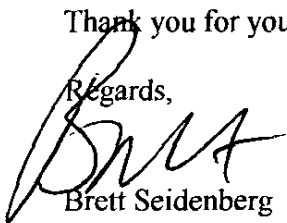
Dear Sir/ Madam,

Enclosed is a request for corporation reinstatement. When I filed my 1999 annual I changed my address. My intention was to change all address for the corporation. However, in recent inquiry on the World Wide Web, it shows my prior mailing address. In turn, I never received my 2000 or 2001 annual reports.

As per your instructions via the telephone on May 2, 2001, I have enclosed a check for \$300.00 to cover fees for the year 2000 and 2001.

Thank you for your assistance in this matter.

Regards,


Brett Seidenberg