

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000096303

1. Entity Name
HOLMES & BRAKEL INTERNATIONAL, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 25 AM 11:48

Principal Place of Business
100 SOUTH ASHLEY DRIVE
SUITE 860
TAMPA, FL 33602 US

Mailing Address
100 SOUTH ASHLEY DRIVE
SUITE 860
TAMPA, FL 33602 US

2. Principal Place of Business
3901 COCONUT PALM DRIVE
Suite, Apt. #, etc.
Ste 102
City & State
TAMPA, FL
Zip
33619
Country
USA

3. Mailing Address
3901 COCONUT PALM DRIVE
Suite, Apt. #, etc.
Ste 102
City & State
TAMPA, FL
Zip
33619
Country
USA



10192004 REIN-P CR2E098 (6/04)

4. FEI Number
59-3477771

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
EKONOMIDES, NICKOLAS C
201 N. FRANKLIN STREET
SUITE 2350
TAMPA, FL 33602

7. Name and Address of New Registered Agent
Name
RICHARD J. HOLMES
Street Address (P.O. Box Number is Not Acceptable)
3901 COCONUT PALM DRIVE ST 102
City
TAMPA
FL
Zip Code
33619

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Oct 20/04

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, RICHARD J		NAME		
STREET ADDRESS	7214 DALE RD		STREET ADDRESS		
CITY-ST-ZIP	PORT HOPE ONTARIO, CA 4A3V6		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, W MARK		NAME		
STREET ADDRESS	7706 BICKLE HILL RD		STREET ADDRESS		
CITY-ST-ZIP	COBOURG, ONTARIO, CA K9A 4		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rick Holmes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: Oct 20/04
DAYTIME PHONE: 905-831-9711 EXT 22