

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
 Jim Smith  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
 03 APR -3 PM 4:02  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000102953**

1. Corporation Name  
**R.E. BRIGETY, INC.**

Principal Place of Business 11338 OAK LANDINGS DRIVE JACKSONVILLE FL 32225	Mailing Address 11338 OAK LANDINGS DRIVE JACKSONVILLE FL 32225
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000015284880  
 04/03/03--01025--030 \*\*700.00

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>01/01/1998</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-3482903</b>	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	BRIGETY, REUBEN E	11338 OAK LANDING DRIVE	JACKSONVILLE FL 32225
SD	BRIGETY, BARBARA	11338 OAK LANDING DRIVE	JACKSONVILLE FL 32225

000015284880  
 04/03/03--01025--031 \*\*200.00

8. Name and Address of Current Registered Agent

JOHNSON, KEITH H  
 8810 GOODBYS EXECUTIVE DRIVE  
 SUITE A  
 JACKSONVILLE FL 32217

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	
State	Zip Code
<b>FL</b>	<b>32217</b>

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** Date **February 28, 2003**  
 REGISTERED AGENT MUST SIGN

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

2-28-2003

Date Daytime Phone #

CR2040 (8/02)