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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JAN 31 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA000009953730
01/31/03--01078--002 **150.00

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #: P00000103192 1. Corporation Name: Brechtson Corporation	
2. Principal Office Address 6400 12th ST Suite, Apt. #, etc.	3. Mailing Office Address 6400 12th ST Suite, Apt. #, etc.
City & State Zephyrhills FL Zip Country	City & State Zephyrhills FL Zip Country

4. Date incorporated or qualified To Do Business in Florida Dec 8 1997	
5. FEI Number 59-3485912	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 Douglas Clemson Street Address (P.O. Box Number is Not Acceptable) 6400 12th ST Suite, Apt. #, Etc. City Zephyrhills FL		State FL Zip Code 33542
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000009953730
01/08/03--01041--010 **308.75

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] Date 12/26/02 REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida not-for-profit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Douglas Clemson	6400 12th ST	Zephyrhills FL 33542
Sec	Gail Clemson	6400 12th ST	Zephyrhills FL 33542
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)(b), 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 CURRENT OFFICER OR DIRECTOR		Date 12/26/02	Daytime Phone # (813) 783-6985

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Thursday, December 26, 2002

To: Florida Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, Fl. 32399

From: Douglas F. Clemson
Resident Agent for Brechtson Corporation
6400 12th St.
Zephyrhills, Fl. 33542

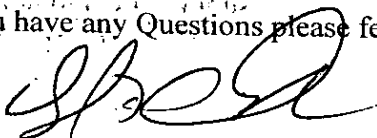
Dear Sirs./Madam,

In July of this year I became aware that one of my corporations was involuntary dissolved for non-payment and non-filing of annual report. As the resident agent I was not notified of the dissolution or fees due. My treasurer had moved last year and did not receive the corporate report.

Please accept payment for 2001 & 2002 filing of \$150.00 per year and \$8.75 for a certificate of status for 2002. I am in the process of selling the business and I need to have the Corporation active until the sale. We are set to close in March so we should not need 2003 filing.

If you have any Questions please feel free to contact me at 813-783-6985.

Sincerely,



Douglas F. Clemson