

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**

**Katherine Harris  
Secretary of State**

**DIVISION OF CORPORATIONS**

**FILED**

**01 MAY -3 PM 3:58**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT #** P98000021219

**1. Corporation Name**

B & R CONSULTANTS SOUTHEAST, INC.

**2. Principal Office Address**

The Clarion Hotel

Suite, Apt. #, etc.

4000 South Ocean Drive

Dania Suite  
City & State

Hollywood, FL

Zip

33019

Country

Broward

**3. Mailing Office Address**

Same as principal address.

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

03/05/1998

**5. FEI Number**

65-0835594

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

Maurice M. Garcia, Esq., Abrams Anton, P.A.

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

2021 Tyler Street

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33020

**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

*Maurice M. Garcia*

Date 5-1-01

REGISTERED AGENT MUST SIGN

**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
P	Francis J. Leahy	18 St. Clair Avenue	Spring Lake, NJ 07762
VP	Michael J. Cahill	5 Vulenza Lane	Blauvelt, NY 10913

**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)(f), 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:**

*Francis J. Leahy*

Francis J. Leahy

5/1/01

Date

201-541-9220

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR