PLEASE READ ALL INSTRUCTIONS REFORE COM

	F L	CASE HEAL	ALL INS	RUCTION	IS BEFORE (COMPLE	TING THIS FO)RM	
AF	PPLICATIO			A DEPARTM	ENT OF STATE			or dyl.	
	FOR			Jim Sm					
REIN	NSTATEME	S. A. SE D		Secretary of			phil pro		
				DIVISION OF CORP	ORATIONS		FILED		
DOCUMENT # P98000021219						00 1101			
1. Corporation Name						OS NOA	15 AH 10: 16		
B & R CONSULTANTS SOUTHEAST, INC.									
TO STATE OF THE ACT, INC.						SECON	snedoc	1499 016 ** 150.00	
Principal 6	Place of Business			• •		"ALHYI	5/0201047/47	D16 **T50.00	
mailing A				dress					
				ON HOTEL					
HOLLWHOOD EL COM				TH OCEAN DRIVE. DANIA SUITE DD FL 33019					
			HOLLIWOU	U FL 33019				,	
If above	addresses are incorre	ect in any way, line the	Ough incorrect	information and act		1			
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 Data Incom			
Suite Ast II 4 600				E. TAI ISANE HUC !		To Do Bus	porated or Qualified iness in Florida	03/05/1998	
				F		5. FEI Number			
City & State				Olica No		o. v ci ridinge	65-0835594	Applied For	
Zip Country Zip				WOOD (JIFFS NO -		6. Not Applicable			
			0763	3 3 "Ü	SA	f	E OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses	of Each Officer and/	or Director (Flo	rida nonprofit corpo	rations must list at lea	et 3 directore)		Tor a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (I Title(s) 1 Name of Officers and/or Directors PD LEAHY, FRANCIS J				Street Address of Each Officer and/or Director		at 5 directors)	<u> </u>		
			·				d C	ity / State / Zip	
				18 ST CLAIR AVE			SPRING LAKE NJ 07762		
				<u> </u>		STATE WHILE IN OFFICE			
VP CAHILL, MICHAEL J				5 VULENZA LANE			BLAUVELT NY 10913		
						- W. W. L. 141 10010			
VP BARLOWE, BILL				4000 SOUTH O	CEAN DRIVE	HOLLYWOOD FL 33019			
				Section Section District			HOFFIMOOD LF 92018		
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						ĺ			
8. Name and Address of Current Registered Agent q						9 Name and A	ddress of New Registe		
Name					o. Italiic and A	adress of New Hegiste	red Agent		
GARCIA, MAURICE M							<u> </u>		
2021 TYLER STREET Street Address (P.O.). Box Number is	Not Acceptable)		
HOLLYWOOD FL 33020				Suite, Apt. #, Etc.					
					City				
					City			State Zip Code	
). I, being a	ppointed the register	ed agent of the above	named corpora	ation, am familiar wit	I and accept the oblig	rations of Castle	n 607.0505, F.S. or 617.	=L	
					are accept the oblig	jauons of Sectio	л ы07.0505, F.S. or 617.	0505, F.S.	
	111	- AAA	-00	_					
gnature of egistered Ag	gent_U avi	vices Hell T	LYNOVOIC	REOU	IRED		11 0	m >	
		REGI	STERED AGE	NT MUST SIGN	u b t less less		Date	02_	

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 filling 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.

10.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #



November 6, 2002

Florida Department of State Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

Reference Application for Reinstatement
Document # P98000021219

To Whom It May Concern

B&R Consultants Southeast, Inc. has not received the two (2) prior uniform business report notices

I am enclosing a check in the amount of \$150 for the filing fee

Sincerely,

Francis J. Leahy

President.

FJL/jtm Encl

RECEIVED NOV 0 7 2002