PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

The Brig of Daytona, Inc. 2. Principal Office Address - No P O. Box # 139 Orange Avenue 414 Poinsettia Road Suite, Apt. #, etc. City & State Daytona Beach City & State Daytona Beach Daytona Beach The Brig of Daytona, Inc. Sign 1501501430043 08/31/09-01073-011 **1200.00 **1200				्रमा है । स्वाह					7	F	FILED	
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2. Principal Office Address - No P O. Box # 139 Orange Avenue 414 Poinsettia Road 514										TALLAHA	ASSEE, FLORIDA	
Street Address (P.O. Box Number is Not Acceptable) 4.14 Poinsettia Road 10. I certify that I am an officer or director or line receiver or trustee empowered to execute this application, the reason for dissolution has been eliminated, the corporate name satisfies the reciprement of section 607.0401 or 617.0401, F.S. Thurther certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the reciprement of section 607.0401 or 617.0401, F.S. Thurther certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the reciprement of section 607.0401 or 617.0401, 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: **Thomas Kevin Nicely** **Thomas Kevin Nicely** Thomas Kevin Nicely** **Thomas Kevin Nicely** Thomas Kevin Nicely** **Thomas Kevin Nicely** Thomas Kevin Nicely*	2. Principal Office Address - No P.O. Box # 139 Orange Avenue 414 Poins: Suite. Apt. #, etc. Suite, Apt. #, etc. City & State Daytona Beach Zip Country Zip FL USA 32118 7. Name and Address of Current Regist						Beach, FL Country USA		4. Date Incor To Do Bus 5. FEI Numb 59-3505	4. Date Incorporated or Qualified To Do Business in Florida 04/02/1998 5. FEI Number Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status		
Signature of Registered Agent 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 Officer and/or Director P Thomas Kevin Nicely 414 Poinsettia Road Daytona Beach, FL 32118 10. Leertly that Lam 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 rainstatement 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 itsed on this form do not qualify for an exemption contained in Chapter 119, 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: **Mature** Tubes **Thomas Kevin Nicely** **B/28/09** **386-589-3866** **Thomas Kevin Nicely** **REGISTERED Agent MUST SIGN **City / State / Zip Daytona Beach, FL 32118 **Daytona Beach, FL 32118 **Daytona Beach, FL 32118 **Daytona Beach, FL 32118 **Thomas Kevin Nicely** **Province Trusting Tubes **Province Trusting Tubes **Thomas Kevin Nicely** **REGISTERED Agent MUST SIGN **City / State / Zip Daytona Beach, FL 32118 **Daytona Beach, FL	Street Address (P.O. Box Number is Not Acceptable) 414 Poinsettia Road Suite, Apt. #, Etc.							Zip Code 32118	the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement			
Tities Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip P Thomas Kevin Nicely 414 Poinsettia Road Daytona Beach, FL 32118 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 islated on this form do not qualify for an exemption contained in Chapter 119, 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: **Make*** Title** Thomas Kevin Nicely 8/28/09 386-589-3866	Signature of Registered Agent // Land itself											
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