

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 AUG 31 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PA8000030173**

1. Corporation Name

The Brig of Daytona, Inc.

2. Principal Office Address - No P.O. Box #  
139 Orange Avenue

3. Mailing Office Address  
414 Poinsettia Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Daytona Beach

City & State  
Daytona Beach, FL

Zip Country  
FL USA

Zip Country  
32118 USA

4. Date Incorporated or Qualified  
To Do Business in Florida 04/02/1998

5. FEI Number  
59-3505361

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  
Thomas Kevin Nicely

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

Suite, Apt. #, Etc.

City  
Daytona Beach

State Zip Code  
FL 32118

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Thomas Kevin Nicely*

REGISTERED AGENT MUST SIGN

Date 8/28/09

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	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 listed 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:

*Thomas Kevin Nicely*

Thomas Kevin Nicely

8/28/09

386-589-3866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #