

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 23 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000040882

1. Corporation Name

BRS ACQUISITION CORP.

2. Principal Office Address

2165 SUNNYDALE BLVD.

Suite, Apt. #, etc.

SUITE K

City & State

CLEARWATER, FL

Zip

33765-1212

Country

USA

3. Mailing Office Address

2165 SUNNYDALE BLVD.

Suite, Apt. #, etc.

SUITE K

City & State

CLEARWATER, FL

Zip

33765-1212

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/06/98

5. FEI Number

593515027

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

MOMBACH, GEOFFREY S.

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

500 EAST BROWARD BOULEVARD

Suite, Apt. #, Etc.

SUITE 1950

City

FORT LAUDERDALE

State

FL

Zip Code

33394

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

Geoffrey Mombach

REGISTERED AGENT MUST SIGN

Date

5/21/03

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
D	STARNES, BOB R.	2165 SUNNYDALE BLVD., SUITE K	CLEARWATER, FL 33765-1212

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:

Bob Starnes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-03

Date

Daytime Phone #

CR2E081 (10/02)