

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 FEB 15 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

N D6 000057716

DOCUMENT # P98000054975

1. Corporation Name

BRIEF RESPITE, INC.

REINSTATEMENT #2-06

CR2E081 (12/05)

2. Principal Office Address

6521 Castlelawn Pl.

Suite, Apt. #, etc.

City & State

Naples, FL

Zip
34113

Country

3. Mailing Office Address

6521 Castlelawn Pl.

Suite, Apt. #, etc.

City & State

Naples, Florida

Zip
34113

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/19/1998

5. FEI Number

65-0559366

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

William G. Morris, Esq.

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

247 N. Collier Blvd.

Suite, Apt. #, Etc.

202

City

Marco Island

State

FL

Zip Code

34145

900066130059

02/17/06--01018--016 **751.00

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

REGISTERED AGENT MUST SIGN

Date

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
PST	Frank Hofstetter	6521 Castlelawn Pl.	Naples, FL 34113

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/06

Florida Department of State
Division of Corporations – Reinstatement
P.O. Box 6327
Tallahassee, FL 32314

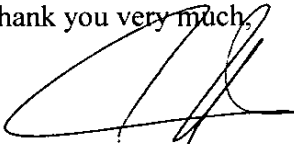
RE: Brief Respite, Inc.
Document # P98000054975

Gentlemen:

This is to submit to that fact that I did not receive any information or annual report or renewal, as all correspondence went to an agent in Bermuda, and it was not forwarded to me. I left them with the amount for renewal, but they have not done so, and have not told me about it. ^{for 2002}

I hope that this will clear up the situation.

Thank you very much,

A handwritten signature in black ink, appearing to be 'Frank Hofstetter', written over the text 'Thank you very much,'.

Frank Hofstetter, President and Sole Shareholder
Brief Respite, Inc.