


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P9800072312			
1. Corporation Name Florida Brite, Inc			
2. Principal Office Address PO BOX 313 Suite, Apt. #, etc.		3. Mailing Office Address PO BOX 313 PO BOX 313 Suite, Apt. #, etc.	
City & State I.R.B., FL Zip 33785 Country US		City & State I.R.B., FL Zip 33785 Country US	

FILED

03 OCT -9 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida 8/18/98	
5. FEI Number 59-3537091	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name DAVE CELESTIAN		
Street Address (P.O. Box Number is Not Acceptable) 14862 Pinecrest Drive		
Suite, Apt. #, Etc.		
City LARGO	State FL	Zip Code 33774

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**

Date

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	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	DAVE CELESTIAN	14862 Pinecrest Dr.	Largo, FL 33774
V-Pres	FLOYD RAMEY	2300 Burlington Ave	St Pete, FL 33713

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)(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.

SIGNATURE:

DAVE CELESTIAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/03 (727) 544 7663
Date Daytime Phone #

CR2E081 (10/02)

10/6/03

Dear (SIRS);

I moved and failed to give you my new address. I now have a P.O. Box which will be my permanent mailing address for my business as long as I will be in business. Please accept this excuse for my failure to submit the annual report. It won't occur again. Enclosed is a \$300 check.

Regards,

Dave Celestian

Florida Brite, Inc

P.O. BOX 313

Indian Rocks Bch, FL
33785