## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING PPROPERM. AND FLORIDA DEPARTMENT OF STATE FILED

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REI	<b>NSTATEMENT</b>
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## FLORIDA DEPARTMENT OF STATE Katherine Harris

REINSTATEMENT  99-2000	Secretary of State DIVISION OF CORPORATIONS			00 JAN 18 PM 4: 52		
DOCUMENT # P980000 1. Corporation Name  Breakdown Inc.	375806		Ţ	SECRETARY OF STAT ALLAHASSEE, FLORIC	E DA	
2. Principal Office Address PO Box 2007 3	3. Mailing Office Addr	ess				
Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida		
City & State  TALLAHASSEE F L  Zip Country	City & State		5. FEI Numb	er	Applied Fo	
2ip   Country   U S A	Zip	Country	6. CERTIFICAT	E OF STATUS DESIRED 🔲 🧱	<b>₩</b> ₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩	
Street Address (P.O. Box Number is No. 1 A A A A A A A A A A A A A A A A A A	EGISTERED AGENT MUS	familiar with and accept t		State Zip Code 32303 ion 607.0505 or 617.0503, F.S	 /	
9. Names and Street Addresses of Each Officer and Titles  Name of Officers and/or Directors		Street Address of Officer and/or Dir	Each	City / Sta	 te / Zíp	
CEO Brionne	AIllion 2460 ATRIGHT 1-2460	-B Talco Hills	Drive	TALLA HASSEE	<u> </u>	
rices identi	-	)-B Talco Hill	s Drive	TALLAHASSEE TALLAHASSEE	FL 3230	
				+00003103 -01/20/00 ****308.75	-01005001 ; ****308.7	
<ol> <li>I certify that I am an officer or director or the rece this reinstatement application, the reason for dis</li> </ol>						

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 limit of this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850) 385-/606 Daytime Phone #