

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 11 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

998000089699
BRANDY MARINE, INC.

1. Corporation Name

2. Principal Office Address

1743 Independence Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite D-8

City & State

Sarasota, Florida 34234

Zip

Country

U.S.A

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/98

5. FEI Number

59-3561175

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

Brian M. Jones c/o Shutts & Bowen LLP

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

300 South Orange Avenue, Suite 1000

Suite, Apt. #, Etc.

Suite 1000

City

Orlando

State

FL

Zip Code

32801

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

12/5/02

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
SR VP	John H. Landry	1743 Independence Blvd., #D-8	Sarasota, Florida 34234
P	Bruce Blomgren	1743 Independence Blvd., #D-8	Sarasota, Florida 34234
Asst./ Sec	Brian M. Jones	300 S. Orange Ave., #1000	Orlando, Florida 32801

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/10/02

407-423-3200

CR2E081 (9/00)