

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

99 NOV 15 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000102780

1. Corporation Name

BRITELINE, INC.

Principal Place of Business

Mailing Address

1604 EASTLAKE WAY
WESTON FL 33325

1604 EASTLAKE WAY
WESTON FL 33325

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

10220 NW 50th ST.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

10220 NW 50th ST.

Suite, Apt. #, etc.

City & State

SUNRISE FLORIDA

City & State

SUNRISE FLORIDA

Zip

33351

Country

BROWARD

Zip

33351

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/1998

5. FEI Number

65-0890945

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	RUSH, KENNETH	3388 NE 14TH AVE SAME AS ABOVE	FT. LAUDERDALE FL 33334 SAME AS ABOVE
			400003063374--3 -12/07/99--01077--020 *****750.00 *****750.00
			400003063374--3 -12/07/99--01077--021 *****75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MURPHY, PATRICK J
1401 E BROWARD BLVD
SUITE 201
FT. LAUDERDALE FL 33301

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Patrick J. Murphy
REGISTERED AGENT MUST SIGN

REQUIRED

Date

11/15/99

11. 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

REQUIRED

11/12/99

Date

954 578 1990

Daytime Phone #